ATTACHMENT D

Petition – Personal Home Care of NC, LLC
Received Regarding the Proposed 2007 State Medical Facilities Plan

Attached are:

1. Agency Report on the Petition

2. Petition from Personal Home Care of NC, LLC

3. Written comments received at the July 25, 2006 Public Hearing. (while this is labeled "Petition", it differs from the ten copies of the "Petition" filed on August 4. The material filed on August 4 is considered to be the petition.)

4. Comments submitted by the petitioner related to comments made by the petitioner and Barbara Matula at the August 1, 2006 Public Hearing.

AGENCY Report:

Proposed 2007 Plan

- Notes related to **Home Health Petition** from **Personal Home Care of NC, LLC**

Request

Personal Home Care of NC, LLC submitted a Petition requesting: "*. . . the following changes in the methodology and policies for the 2007 State Medical Facilities Plan. Inclusion of an adjusted need determination for one home health agency in HSA III, Home Health Region F, for the counties of Mecklenburg, Union, and Cabarrus for persons facing ethnic and cultural barriers, particularly for Russian-speaking persons. The proposed project should include both home health agency and in-home care services.*"

While the petitioner references changes in the methodology and policies, it appears that no such changes are specifically requested. The assumption is that the petitioner is requesting an adjusted need determination.

Background Information

The home health need methodology projects future need based on trends in historical data, including the "Average Annual Rate of Change in Number of Home Health Patients" over the previous three years and the "Average Annual Rate of Change in Use Rates per 1000 Population" over the previous three years. Average annual rates of change are compiled based on "Council of Governments (COG)" regions.

Patient origin data used in the Plan is compiled from Home Health Agency Annual Data Supplements to License Applications as submitted to the Division of Facility Services. The data supplements request data for a twelve month period using a start date of either July, August, September or October. The methodology aggregates patient origin data by four age groups, 0-17, 18-64, 65-74 and over 75.

The methodology utilized in development of the State Medical Facilities Plan does not project future need based on the number of home health agencies in any given county or on the capacity of existing agencies. Rather, it projects need based on the number of patients served during the reporting years indicated in the plan. In essence, if existing agencies keep pace with the projected number of persons who may need home health services, there would not be a need determination. However, if they do not keep pace, there may be a need determination allowing an opportunity for a new home health agency or office.

If there were to be a need determination in the 2007 Plan, anyone can apply. Therefore, there is no guarantee that the petitioner would be the approved applicant.

A new methodology was introduced in the Proposed 2005 Plan and resulted in a need determination for Mecklenburg County in the 2005 Plan. Eight applications were received for the need determination. The petitioner was not one of the applicants.

Staff provided the petition for comment to the Association for Home and Hospice Care of North Carolina. Attached are written comments related to the petition that were received from the Association.

ANALYSIS OF PETITION

Inclusion of the wording, "*. . . for persons facing ethnic and cultural barriers, . . .*" could be interpreted as meaning that the need determination would include persons other than Russian-speaking persons. The effect of including such wording in a need determination is not known.

The petitioner cites Mecklenburg, Union and Cabarrus counties as an area with a large population of Russian speaking immigrants. The Proposed 2007 Plan indicates a projected deficit of 57 patients in Mecklenburg County and deficits of 210 patients in Union County and 45 patients in Cabarrus County. This results in a cumulative deficit in these three counties of 312 patients. The petitioner states that the Proposed 2007 Plan does not show a need for a home health agency in Region F because of a placeholder adjustment for Mecklenburg County. Even if there were no placeholder for an agency in Mecklenburg County, there would not be a need determination for Region F. Need determinations are based on County deficits, not Region deficits. Further, as noted in the Home Health Services Basic Assumptions of the Method, a placeholder is maintained during the time when new agencies or offices are being established and are developing their services. In response to a need determination in the 2005 Plan, Certificate of Need conditionally approved development of a new Medicare-Certified home health agency in Mecklenburg County. That agency has yet to be licensed and certified. Based on the standard methodology, a place-holder will be applied for Mecklenburg County through the three annual plans following certification of the agency.

The petitioner states that no home health agency that serves Mecklenburg County has a Russian-speaking nurse on the payroll. However, that does not preclude an agency from having such staff in the future.

It is not clear how the petitioner determined, "*Without an agency staffed by Russian-speaking nurses and therapists, approximately 400 persons in the greater Mecklenburg area today have no or inadequate access to home health agency care.*" The petitioner indicates that more than 15 patients it serves today qualify for home health agency nursing services.

If the petition was to be approved and there was a need determination, it is presumed that there would not be a placeholder created for the new agency since the need determination was not determined by the standard methodology or policy.

If this petition were to be approved, it is not known to what extent others may propose similar petitions in the future to address specific population groups.

In response to the petition filed in March 2006, the Agency presented alternatives that may be considered:

1. Purchase an existing Medicare-Certified home health agency. Such a purchase is exempt from obtaining a certificate of need if the Certificate of Need Section receives prior written notice from the entity proposing the acquisition. The petitioner indicates that they learned that there are no agencies for purchase. However, it is not known whether or not an agency may become available in the

future. The Proposed 2007 Plan, indicates that there were 23 separate agencies located in Mecklenburg and contiguous counties that reported serving patients in those counties.

2. Apply for a certificate of need when a need determination is identified in the State Medical Facilities Plan for a county of interest to the petitioner.

3. Explore sub-contracting with an existing Medicare-Certified agency to provide services to the target population. The petitioner identifies subcontracting or a joint venture with an existing home health agency as a compelling concept. While the petitioner cites reasons for not doing so, it appears that this could be an alternative to development of a new agency in an area that already has multiple existing agencies providing services. It appears that there would be costs associated with translation regardless of who owns or operates the agency that is providing services.

   The petitioner notes that while meetings have been suggested regarding subcontracting or a joint venture, none have materialized. However, the Association for Home and Hospice Care of North Carolina has indicated that it proposes to coordinate meetings to address issues with the petitioner and agencies in the area.

Agency Recommendation

The Agency supports the home health standard methodology as presented in the Proposed 2007 Plan. The Agency recommends that the petition be denied.

If there is a need determination and if a CON is issued and an agency is developed, unless there are requirements on who the agency must serve, there is no guarantee that Russian speaking persons would be served. The agency could be sold after it is developed and the new owner may not serve the target population absent strict requirements thereby defeating the intention of the need determination. Also, what if it were determined that in spite of best intentions, it was not feasible to serve the target population? Also, what if an existing agency decides to focus services on the Russian-speaking population during 2007 prior to CON application submission or approval? Would that negate the need determination? It appears that the most reasonable response is for existing agencies to address the issues raised.

Association for
Home & Hospice Care
of North Carolina

3101 Industrial Drive
Suite 204
Raleigh
North Carolina
27609

phone 919 848 3450
toll free (nc) 800 999 225
fax 919 848 2355
info@homeandhospicecare.org
www.homeandhospicecare.org

Memorandum

To: Floyd Cogley and Members of Long-Term & Behavioral Health Committee

From: Tim Rogers, CEO, Association for Home and Hospice Care of North Carolina

Re: Comments of Home Health and Hospice issues and petitions

Date: September 11, 2006

Thank you for allowing the Association for Home and Hospice Care of North Carolina to comment on the Home Health petition and the Hospice Inpatient and Hospice Home Care petitions. As a matter of information, AHHC is a thirty-five year old trade association advocating for the state's home health, home care, hospice and DME community. AHHC represents 97% of the Medicare certified home health agencies and many of the other home care and hospice organizations and is the largest state home care and hospice association in the nation with nearly 700 agency members.

Home Health petition:

AHHC has carefully reviewed the petition from Personal Home Care of North Carolina (Charlotte) asking for an adjusted need determination for one new home health agency in HSA III for all the counties of Mecklenburg, Union, and Cabarrus counties for people facing ethnic and cultural barriers, primarily Russian speaking persons.

AHHC certainly respects the growing ethnic populations like the Russian speaking people in the Charlotte area, but would question the inefficiencies and bad precedent it would set to have a solely Russian speaking home health agency. What request would come next, a Russian or even Hispanic nursing home, adult care home, or hospital? Allowing this petition appears discriminatory to other ethnic populations and a precedent for major changes in other health care settings that opposes the philosophy of the SMFP and a strong CON process.

While AHHC **OPPOSES** this petition for two main reasons, AHHC has offered and communicated a compromise position. One: we oppose this petition on the grounds that it is asking for a multi-county need determination while the SMFP is based on a county by county need methodology. In essence, granting this petition would allow an applicant to

place an agency, if successful, in any of the three HSA III counties of their choice and we feel that is detrimental to the SMFP Planning process.

Second: AHHC opposes this petition on the grounds there is no established need by the SMFP in HSA III. Plus, the SFMP just recently produced a need in Mecklenburg County and the Certificate of Need section has awarded the CON to an agency that should be operational in the next few months thus becoming the 9th home health agency to actually be located in Mecklenburg County with another 12 agencies serving the county from adjacent counties. **In total, HSA III has 13 home health agencies physically located within the counties and another 29 home health agencies able to serve the area.**

AHHC has proposed several options and communicated them to the good folks at Personal Home Care of North Carolina. One- seek a consultant and offer to purchase an existing agency or contract with one for services. (Two major NC agencies were sold in the last 12 months). Second: In representing 100% of the providers that serve HSA III, AHHC invited them along with the staff of PHC-NC to a first of several meetings on September 18 to begin dialogue around special needs of the various ethnic patients including the use of and need for translator services. AHHC has also investigated the relationship of one national translator service Language Line from Washington DC to be offered to its members serving ethnic populations.

AHHC has learned the September 18 date is not feasible for PHC due to executives being out of the country and is looking into another date for a dialogue and getting acquainted session. Total Care has offered to host any and all meetings at their central location near CMC in Charlotte, NC.

AHHC again asks the SHCC to **oppose** this petition.

Hospice Home Care:

In the May LTC committee meeting, it was revealed that the SMFP hospice home care need methodology called for a legitimate need for **9** new hospice home care agencies with the highest numeric need in Guilford and Mecklenburg counties. As AHHC's representative to the SHCC, I lead the discussion among the group that due to recent legislative changes in the hospice CON law (that once allowed for an exemption in creating a branch office), that outside factors like a growth in new agencies might indirectly affect or skew the data that was presented. After much discussion, the committee agreed to take a "wait and see" approach and adjust the legitimate need to **no new need** for hospice home care.

However, since that time, certain events including litigation has put an indefinite hold on the opening of many of the hospice home care agencies in question thus barring a re-consideration of our decision.

It is now apparent that many of these agencies may not open for another two or more years or even not at all. Therefore, while AHHC still basically supports the previous

Palliative Care Center & Hospice of Catawba Valley – SUPPORT

Hospice and Palliative Care of Iredell County -SUPPORT

Hospice of Rutherford County – SUPPORT

Hospice of Scotland County – SUPPORT

Thank you very much for your consideration of these comments. Thank you also for the service you provide on behalf of the citizens in regard to home health and hospice access and support.

Cordially,

Timothy R. ("Tim") Rogers, *CEO*
Association for Home and Hospice Care of North Carolina
Board Member- National Association for Home Care and Hospice

Petition to the State Health Coordinating Council
Regarding the Home Health Methodology and Policies
For the 2007 State Medical Facilities Plan

Petitioner:
Personal Home Care of NC, LLC
4401 Colwick Road
Suite 711
Charlotte, NC 28211

Contact:
Ivans Belovs
Personal Home Care of NC, LLC
704-975-5253

PETITION

STATEMENT OF REQUESTED CHANGE

Personal Home Care (PHC) of NC, LLC requests the following changes in the methodology and policies for the 2007 State Medical Facilities Plan.

> Inclusion of an adjusted need determination for one home health agency in HSA III, Home Health Region F, for the Counties of Mecklenburg, Union, and Cabarrus for persons facing ethnic and cultural barriers, particularly for Russian-speaking persons. The proposed project should include both home health agency and in-home care services.

REASONS FOR THE PROPOSED CHANGES

Population Growth and Aging

The greater Mecklenburg area, including Mecklenburg, Union and Cabarrus Counties, is experiencing rapid population growth. It is growing much faster than the state of North Carolina. In fact, according to the State Demographer, between 2004 and 2005, the Mecklenburg, Cabarrus, Union County area population increased 131 percent faster than the State average. The strong growth trend will continue through 2009.

Annual Population Increase

	2005	2006	2007	2008	2009
Greater Mecklenburg	3.8%	3.2%	2.8%	2.6%	2.6%
North Carolina	1.7%	1.7%	1.6%	1.5%	1.5%
Ratio of GM to NC	231.3%	188.0%	177.4%	171.1%	168.7%

Source: http://demog.state.nc.us/ (last updated June 12, 2006)

The area is also aging rapidly. While the total population of Mecklenburg, Union, and Cabarrus Counties is expected to increase 30 percent between 2000 and 2009, the segment of population 60 years of age and older is expected to increase by 39 percent according to the North Carolina Office of State Budget and Management.[1]

Disease and disability increase with age. Proper implementation and management of home health services can keep older people out of nursing homes and save millions in healthcare dollars. Data from the "Home Health Agency 2006 Annual Data Supplements" indicated 4.5 percent more home health patients statewide were served during 2005 than in 2004 and that use rates are rising. With the regional increase in number and age of the population in the greater Mecklenburg area, the regional need for in-home health services will only grow. Yet the 2007 Proposed State Medical Facilities Plan does not show a need for a home health agency in Region F because of a placeholder adjustment for a Mecklenburg CON awarded in 2005 that continues to be undeveloped.

Russian Population

HSA III, particularly the Mecklenburg, Union, and Cabarrus Counties has attracted a large population of Russian speaking immigrants. They initially settled here in the early 1980's and their numbers grew following the collapse of the former Soviet Union in the 1990's. Mecklenburg County had an immigration policy that favored it as a destination for refugee immigrants. Churches and other religious institutions, including Baptist and Jewish congregations had long-standing relationships with religious groups that were facing oppression in the countries that made up the former USSR, like Ukraine, Russia, Armenia, Azerbaijan, Byelorussia, Latvia and some countries of Eastern Europe. The churches provided these refugees with resettlement assistance. The Hebrew Immigrant Aide Society, which has expanded its role far beyond the original mission of resettlement of Holocaust survivors, helped to settle the first groups in the area. Baptist Missions and other Christian sects followed suit. In 1999, the US Congress passed a law, the Russian Leadership program (PL 106-31) to improve understandings of the Russian culture in the US. The NC Courts have added Russian to the list of languages for which it will provide interpreters.

[1] http://demog.state.nc.us/ (last updated June 12, 2006)

In Greater Mecklenburg, Russian communities, businesses and churches formed in the 1980's. In the 2000's the established communities began to attract immigration from other Russian-speaking groups in the larger US cities: Seattle, Los Angeles, New York and Chicago. These are legal immigrants and citizens. They are entitled to Medicare and Medicaid. The younger people have started businesses here and have become employers and taxpayers. These Russian-speaking immigrants come from a culture of strong family ties; as a result, they come into the state as large groups of relatives, 20 and 30 together. Local reports estimate that 20 to 30 percent of the Russian population is over 60 years old. The older generation does not speak English. Russian is also a difficult language for English-speakers, for it uses a different alphabet and different structures. The culture is different and direct translation does not always communicate the intended meaning.

Measuring the number of residents in these communities is very difficult. Census data are by the Bureau's admission, unreliable. There is no check-off on the census form to indicate Russian-speaking. At best, the census estimates ancestry and that count is incomplete. To estimate the size of the Russian-speaking community, we have approached city and county governments, the Census internet sites, private companies that specialize in demographic profiles such as Migliara Kaplan, and refugees' resettlement agencies. From each we received the same answer, "There are no reliable data." The US Census report of 4,109 Russian-speaking residents in North Carolina in 2000 is clearly an underestimate. According to Mr. Anton at www.russiancarolina.net there are probably between 10,000 and 30,000 Russians in the Charlotte area.[2] Mecklenburg's Russian language newspaper, Panorama Charlotte, which is printed in Russian, distributes over 10,000 copies monthly. Each of these is shared at least five times, putting the estimate at 50,000 people. Church attendance at Russian speaking services in Charlotte alone is estimated at 10,000 weekly. Russian businesses in Charlotte alone number 73. As a proxy measure of the breadth of the Russian speaking population, we have assembled the attached list of Russian businesses, Russian churches, and letters from the Mecklenburg County and Union County Community Alternative Programs (CAP). The latter agencies contract with Personal Home Care of NC to provide in-home aide care to Medicaid beneficiaries. Many of the Russian speaking community have migrated to Union County where housing is less expensive. Their family culture supports in-home healthcare as opposed to nursing home care for the elders.

Staff at Personal Home Care of NC is acutely aware of the Russian presence in large numbers, because we serve them. We are part of them. We are a licensed North Carolina home care provider. Today, we are providing in-home nursing visits to these people at no charge, because we cannot offer the Medicare benefit. At the same time, the people we serve cannot get full care from existing home health agencies.

[2] Anton. www.russiancarolina.net. June 19, 2006.

Need for Home Health in the Russian Community

Home Health is a Medicare and Medicaid core service, but home health agency care requires communication between patient and caregiver. All of the services occur in the patient's home, where a caregiver is on his/her own to make judgments and leave instructions. The premise of home health agency care is that the care provider can instruct the patient and/or family caregiver in continued maintenance of the care regimen after the home health agency eligibility expires. When language is a barrier for both provider and patient, this cannot occur.

Earlier this year, I discussed the story of Ivan and his wife, Luda, who is his caregiver. He had prostate cancer, and was enrolled in the CAP program with our agency, Personal Home Care of NC. Neither he nor his wife could converse in English. In-home aides from Personal Home Care of NC were not enough to provide all of the care, for he had an imbedded urine catheter and needed nursing care. Home health agency nurses were sent to their home. The nurses spoke only English and did not understand Ivan's complaints. They tried, but changing the catheter became very painful for Ivan, who could not explain the cause or location of his agony. Because Luda knew me, Ivans Belovs from Personal Home Care of NC, from her CAP experience, she called me in despair and asked for assistance. I went to the house as a volunteer interpreter; and with interpretation was able to get the home health agency nurses to show Luda how to do catheter cleaning and changes. After that, the home health agency nurses came to leave supplies and take blood pressures, but were unable to communicate any care changes that might have been helpful to Ivan or Luda. This awkward arrangement eventually resulted in having Ivan discharged.

Language remained a problem. Desperate to find help, a hospice volunteer appealed to the community at large via the internet, calling for Russian speaking volunteers to come to the home to help with interpretation so that Ivan could stay at home. Home heath could not help, because Luda could not communicate with them. Because they refused to let him go to an institution, Ivan died at home. A hospice agency sent nurses to deliver supplies, but they were unable to help with true end of life or palliative care. Ivan and Luda continued to struggle in the prison of their language isolation, with their dignity compromised.

We see this story often, because we are in touch with these families through our contacts with Medicaid Community Alternatives Programs for Disabled Adults (CAP) and now through our Durable Medical Equipment store.

More than fifteen patients served by Personal Home Care of NC, through the Mecklenburg County CAP program, qualify for home health agency nursing services today. However, Personal Home Care of NC cannot provide Medicare "home health agency care" because we do not have a home health agency license. Our license limits us to home care services through Medicaid's Personal Care and CAP programs. Mecklenburg's CAP agency continues to refer the patients to Personal Home Care of NC, because Personal Home Care of NC is the only Russian-speaking service in the area. Personal Home Care of NC is providing nursing service to all of them without getting compensated, because these patients have no other care alternative. This is not sustainable for long. Without a home health agency, we at PHC cannot provide a full continuum of care for these patients.

The CAP agency has suggested that we get a home health agency license. Yet, the Proposed 2007 State Medical Facilities Plan has such high need thresholds for a new home health agency that it shows no need in our Region F. Moreover, the Plan is not likely to show a need for another year or more. Yet the Russian community is still growing and the older generation is still getting still older, and they are not getting served. The Mecklenburg CAP nursing Supervisor reported on August 3 that each week she finds many patients who cannot get served by existing home health agencies. Most need both home health agency and in-home aide care, which few providers offer. The Russians, who represent 12 percent of her case load, are a particular problem because of the language barrier and the lack of interpreters.

The Hispanic population represent 8 to 15 percent of the North Carolina regional economy and for them service providers have made adjustments, adding in house bilingual staff and training materials for many residents who are illegal immigrants. By contrast, Russian population, which constitutes legal immigrants, is still an underserved and often un-served minority. Home health agency services are intended to be of short duration, usually one month or less, with each visit lasting about one hour. They are built on the premise that health care providers will involve family caregivers in an education program that involves training in continued care of the patient. When language is a barrier, this critical service element cannot occur. As a result, the patient usually drops out of the service, frustrated by both sides' inability to communicate. Consequently, patients are not getting services to which they are entitled by law.

Prior to submitting this application, we, Personal Home Care of NC, checked with every home health agency that serves Mecklenburg County. Not one had a Russian-speaking nurse on the payroll. We have been trying to establish alternatives with existing agencies or to purchase an agency since our winter petition to the SHCC, which requested a statewide methodology, was denied. Contrary to information we had been given, we learned there are no agencies for purchase. We followed up on discussions with the North Carolina Association for Home Health and Hospice Care and with Gary Massey of LarsonAllen in Charlotte, in regards to acquiring an existing agency or establishing an outsourcing contract. But, contrary to information we had been given, we learned that there are no agencies for purchase and no financially feasible opportunities for outsourcing available at this time. Carolinas Medical Center and Presbyterian do have contracts with interpreter services. The interpreter service as an alternative is better than nothing. However, the Russian interpreters are too few to accommodate multiple home health agency visits occurring at the same time, and few if any are available to cover night visits.

On the positive side, the Russian population in the greater Mecklenburg area has reached sufficient size to support home health agency services. It is already supporting a CAP agency that serves very sick Medicaid patients, keeping them out of institutions. The Mecklenburg County CAP coordinator reports that in an average home health agency, CAP patients represent about 15 percent of patients. At this ratio (6.7 home health agency patients per CAP patient or 100/15) Personal Home Care of NC, with 60 CAP patients could support 400 home health agency patients. An efficiently run home health agency can be economically feasible with as few as 200 patients, as evidenced by the 60 existing North Carolina agencies providing services with comparable numbers of patients.[3]

The Proposed 2007 State Medical Facilities Plan shows a deficit of 57 patients in Mecklenburg County, 45 in Cabarrus County and 210 patients in Union County for a total of 312 patients. Home Health Region F already shows a deficit of 288 patients. The only reason that Region F does not show a need for a new agency is a 400-patient placeholder that has been in the Plan for two years. The full Region F need is 688 patients.

ADVERSE EFFECTS ON PROVIDERS AND CONSUMERS OF NOT MAKING THE REQUESTED CHANGE

Expanding Health Care Services to the Medically Underserved is one of the three basic principles of the State Medical Facilities Plan.

Without an agency staffed by Russian-speaking nurses and therapists, approximately 400 persons in the greater Mecklenburg area today have no or inadequate access to home health agency care. This significant need spans three contiguous counties – that the petitioner has demonstrated capacity to serve – Mecklenburg, Cabarrus and Union.

The Russian speaking population is dynamic, growing daily, as part of the 38,000 and growing new residents that, as the Chamber of Commerce reports, are pouring into the greater Mecklenburg area every year. Russian and English languages are very different in structure; literal translations and interpretations do not reflect comparable meanings. Hence, non-medical interpreters and translators cannot bridge the gap. Moreover, Region F is underserved by both the numbers and anecdotal reports of agencies who are working with home health eligible patients. This area is underserved for home health agency care. Absent the placeholder, Region F has a real deficit of 688 patients for the 2007 State Medical Facilities Plan.

[3] Table 12 A pp 207 to 221 Proposed 2007 State Medical Facilities Plan.

Not to act is to deprive a large population, that wishes to stay out of institutions, of the care needed to support them at home. A day of home health agency service is far less expensive than a day in a skilled nursing care facility. More importantly, the home health agency care regimen is designed to make the patient independent in a month or two, whereas, once placed in a nursing home, a patient tends to stay about three years.

Delay will be costly to the state and to patients. Even with action in the 2007 State Medical Facilities Plan, we will not have approval for an agency until late in 2007, and service benefits will not really occur until 2008. Two hundred people admitted to nursing homes during the delay would not likely be discharged for three years.

ALTERNATIVES TO THE REQUESTED CHANGE CONSIDERED AND REJECTED

Personal Home Care of NC, LLC considered several alternatives, including: 1) status quo; 2) purchasing a home health agency; 3) subcontracting with an existing home health agency to specialize in provision of home health services to Russian-speakers; and 4) this petition. This petition is the result of two years of unsuccessfully trying the other three alternatives.

We are living the status quo. Patients are calling Personal Home Care of NC when they have a medication or wound care crisis. Unwilling to cause families and patients undue suffering, Personal Home Care of NC has been providing free home visits. This is not sustainable. Personal Home Care of NC has tried getting the patients into area home health agencies, only to have the service fail because of the communication problems. Moreover, leaving eligible people without service is unjust. Many of the people who cannot get home care are screened out by existing agencies, because the agencies do not offer the less profitable in-home aide service that these patients need as a complementary benefit. Personal Home Care of NC offers that service.

Purchasing an agency is not possible. No agencies or suboffices are for sale in North Carolina. Working a subcontract or joint venture with other agencies to hire Russian speaking staff is a very compelling concept. While meetings have been suggested, none have materialized. Moreover, the additional administrative structure this will require will reduce the funds available for patient care. The same translation difficulties that now occur between patient and caregiver will only shift to the arena of caregiver and administrator. This arrangement would eliminate from the labor pool any nurses whose primary fluency is in Russian, because it will require bi-lingual nurses to handle the administrative translations and interpretations. At a time when nurses are in short supply, and efforts to control health care costs abound, this would not provide a durable solution.

NON-DUPLICATION OF SERVICES

This proposed change requires an applicant for the Certificate of Need to demonstrate that the population in need is sufficient in size to support a home health agency and that the population is not getting adequate care. A small and diversified home health agency can be viable with 200 patients. Consequently, there will be no duplication of services. The suggestion to develop a home health agency came from one of the CAP agencies that saw the need to complete the continuum of care. The CAP agency would have no interest in developing duplicative services.

The proposal would add home health agency services only in a very rapidly growing part of the state.

This proposal responds to a deficit identified in the Proposed 2007 State Medical Facilities Plan; and it responds to a need reported by agencies appointed to serve Medicaid elderly. Clearly, no existing providers will be harmed by this addition.

CONCLUSION

The North Carolina State Health Coordination Council and the Medical Facilities Planning Section perform an outstanding service in developing a State Medical Facilities Plan that strives to properly and fairly address the healthcare needs of the residents of North Carolina. The healthcare needs of a significant population of Russian-speaking North Carolinians are not being met. Personal Home Care of NC, LLC, respectfully requests that the State Health Coordinating Council consider a policy that would permit development of a home health agency in HSA III to serve groups of Russian-speaking people for whom language presents a significant barrier to receiving care. Except for the CAP agency letters, all of the letters below were translated back and forth from English to Russian to English.

Attachments: Letters from CAP agencies
Letters from Churches
Letter from community group
List of Russian Businesses
List of Russian Churches
Table 12C, 2007 SMFP, pp 238, 239
Census Facts 2003 Russian Ancestry Mecklenburg County Households
Community Petition
Russiancarolina.net
Russianincharlotte.com

LETTERS FROM CAP AGENCIES

February 21, 2006

State Health Coordinating Council
c/o Floyd Cogley
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

Personal Home Care of North Carolina agency plays an important and unusual role in the greater Mecklenberg community area. This agency emerged in response to a unique problem and is providing very responsive services to a large community that is difficult to serve. We have become a center for Russian-speaking immigrants from the republics of the former USSR including Russia, Ukraine, Belarus, and other countries. The communities began forming in the late 1980's and continue to grow as people settle. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones.

The older people do not speak English, or if they do, their vocabulary is limited. They are legal immigrants; many are citizens. They are entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult for most agencies to serve them. Personal Home Care of NC organized to meet their needs. Today, the Russian-speaking patients constitute 8 percent of our CAP patients. Personal Care is the only agency that does serve them, because their staff speaks Russian and understand this culture. Personal Home Care of NC is helping us to keep people at home and out of the nursing home. Family members in this community are committed to this vision and assign a person to stay with the older and infirm.

This population has difficulty getting home health agency care because of the language and cultural barriers. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible. Given the size of the population in the CAP agency, I believe they would have enough members to support a home health agency.

Please do not hesitate to call me should you have questions.

Regards

Sue A. McCraw RN BSN

Sue McCraw

704 - 336 - 6446

Mecklenburg CAP DA Supervisor

UNION COUNTY DEPARTMENT OF SOCIAL SERVICES

P.O. BOX 489
MONROE, NORTH CAROLINA 28111

1212 W. Roosevelt Boulevard
Monroe, NC 28110
Telephone (704)296-4300

Roy A. Young, *Director*

AN ACCREDITED AGENCY

February 21, 2006

State Health Coordinating Council
c/o Floyd Cogley
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

Personal Home Care of North Carolina agency plays an important and unusual role in the greater Mecklenburg community area. This agency emerged in response to a unique problem and is providing very responsive services to a large community that is difficult to serve. We have become a center for Russian-speaking immigrants from the republics of the former USSR, Ukraine, Byelorussia, and other countries. The communities began forming in the late 1980's and continue to grow as people settle. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones.

The older people do not speak English, or if they do, their vocabulary is limited. They are legal immigrants; many are citizens. They are entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult for most agencies to serve them. Personal Home Care of NC organized to meet their needs. Today, the Russian-speaking patients constitute approximately 10 percent of our CAP patients. Personal Care is the only agency that does serve them, because their staff speaks Russian and understand this culture. Personal Care is helping us to keep people at home and out of the nursing home. Family members in this community are committed to this vision and assign a person to stay with the older and infirm.

This population has difficulty getting home health agency care because of the language and cultural barriers. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible. Given the size of the population in the CAP agency, I believe they would have enough members to support a home health agency.

Please do not hesitate to call me should you have questions.

Regards

Union County CAP Program
Jen Daniels RN Supervisor CAP/IHS

12. COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS (CAP/DA)

This section describes Medicaid's coverage of services provided for CAP/DA participants. It tells you about:

The material in this section is primarily directed to providers other than the local CAP/DA lead agencies. Information specific to the local lead agencies and the services which they provide is in the *CAP/DA Manual*.

At the end of the section are some of the questions often asked about CAP/DA and answers to those questions. See CAP/DA Q & A (page 12-13). A description of CAP is in Section 2.

Participants in CAP/DA are referred to as "clients" throughout this section.

12.1 What CAP/DA Covers

The services covered under CAP/DA include:

12.1.1 Adult Day Health Services

This is care in an Adult Day Health Care facility certified by the N.C. Division of Aging. It provides a structured program of activities and services with nursing supervision. Services must include health services and a variety of program activities designed to meet the individual needs and interests of the clients. Services also include referral to and assistance in using appropriate community resources, and nutritious meals and snacks appropriate to the program.

12.1.2 CAP/DA In-Home Aide Services

This service includes basic household tasks such as light housekeeping, laundry, meal preparation, essential shopping, simple household repairs and yard maintenance. It also includes personal care tasks such as assistance in eating, bathing, dressing and grooming. The services are provided at two levels – In-Home Aide Level II and In-Home Aide Level III – Personal Care.

- In-Home Aide II in CAP/DA includes the following home management and personal care tasks:

  Home Management
  - Assist in following prepared budget
  - Assist to find and use community resources
  - Perform reading and writing tasks
  - Demonstrate and model housekeeping
  - Assist in organizing household routines
  - Plan menus using food guide
  - Assist with developing a market order and shopping
  - Demonstrate and model food handling, preparation and storage

  Personal Care (The tasks with an asterisk (*) require the aide's demonstrated competency to be verified by a R.N.)
  - Assist ambulatory client with mobility and toileting
  - Provide care for normal, unbroken skin
  - Assist with personal hygiene (mouth care, hair, and scalp grooming, fingernails and bathing: shower, tub, bed and basin)
  - Cut and trim hair
  - Provide basic first aid
  - Shave client (electric and safety razor)
  - Assist with applying ace bandages, TED's, binders as stipulated in the service plan, and under the direction of the client*
  - Assist limited function patient with dressing
  - Observe, record and report self-administered medications
  - Assist with applying and removing prosthetic devices for stable clients as stipulated in the service plan, and under the direction of the client*
  - Assist with feeding clients with special conditions (no swallowing difficulties)
  - Assist and encourage physical activity an/or prescribed exercise
  - Assist client with self-monitoring of temperature, pulse, blood pressure and weight as stipulated in the service plan, and under the direction of the client*

- **In-Home Aide Level III – Personal Care** includes the following personal care tasks. Aides performing any of these tasks must meet the NC Board of Nursing's competency requirements and be registered as a Nurse Aide I in the NC Nurse Aide Registry at the Division of Facility Services.

  - Assist with feeding clients with special conditions
  - Give bed bath
  - Make occupied bed
  - Assist with mobility, gait training using assistive devices
  - Assist with range of motion exercises
  - Assist limited function patient with dressing
  - Take and record temperature, pulse, respiration, blood pressure, height and weight
  - Observe, record and report self-administered medications
  - Apply and remove prosthetic devices for stable client
  - Apply ace bandages, TED's, binders
  - Assist with scalp care
  - Trim toenails for clients without diabetes or peripheral vascular disease
  - Empty and record drainage of catheter bag
  - Shave clients with skin disorders
  - Administer enemas
  - Insert rectal tubes and flatus bags
  - Bowel and bladder retraining
  - Collect and test urine or fecal specimens
  - Perineal care
  - Apply condom catheters
  - Chair and stretcher transfer
  - Turn and position
  - Safety measures (side rails, mitts, restraints)
  - Change non-sterile dressings
  - Force and restrict fluids
  - Apply prescribed heat and cold
  - Care for non-infected decubitus ulcers
  - Assist clients in understanding medical orders and routines, encourage compliance
  - Assist with purchase and preparation of diet food specified by professional
  - Vaginal douches after instruction
  - Assist with prescribed physical and occupational therapy
  - Plan menus for special diets
  - Monitor dietary treatment plan, provide feedback to professional

  In addition to the Level III – Personal Care tasks, the Level III aide may:

  - Perform Nurse Aide II tasks as part of this service when the tasks are performed according to NC Board of Nursing rules. Registration with the NC Nurse Aide Registry as a Nurse Aide II or special training of Nurse Aide I personnel with Board of Nursing approval is required. If you are considering providing any Nurse Aide II tasks, contact the Board of Nursing for guidance.

  - Perform all Level II tasks.

In-Home Aide Level I is not covered as a separate service in CAP/DA. If In-Home Level II or In-Home Level III – Personal Care services are needed, the aide may do the following Level I tasks while in the home to provide the higher level services.

- Pay bills as directed by client
- Provide transportation for essential shopping

- Clean and care for clothing: ironing, simple mending, laundering
- Do basic housekeeping tasks: sweeping, vacuuming, dusting, mopping, dishes
- Make unoccupied bed
- Recognize and report changes in health and environment
- Identify medications for client
- Provide companionship and emotional support
- Prepare simple meals
- Shop for food from verbal or written instruction
- Observe and report symptoms of abuse, neglect, and illness to proper professional

***CAUTIONS**: As you consider the tasks to be assigned to the aide, remember:*

- *You may not provide In-Home Aide Level I tasks as a separate service. The tasks are covered only when they are performed in conjunction with Level II or Level III – Personal Care services.*
- *Medical transportation, such as transporting a client to a physician's office, a clinic or a hospital is not paid under In-Home Aide Services. Also, an aide accompanying the client during such travel is not paid. Medicaid covers medical transportation through other sources.*
- *Aides may not administer medications – that is, decide which medication a client needs at a given time. The aide may follow instructions from a mentally competent client to assist the client in taking the medication, or can follow specific instructions from the primary caregiver in giving the client pre-measured medications*

12.1.3 CAP/DA Waiver Supplies

CAP/DA waiver supplies include:

- Reusable incontinence undergarments, disposable liners for reusable incontinence undergarments and incontinence pads for personal undergarments.
- Nutritional supplements prescribed by a physician that are taken by mouth (such as "Enrich", "Ensure" and similar supplements covered by Medicaid for tube feedings).
- Medication dispensing boxes. These are boxes with compartments that allow a RN to proportion medications for specific times and days so that the client can independently take the medications, or an individual can safely assist the client.

12.1.4 Case Management

Case management includes assessing the client for CAP/DA participation, planning care, and locating, obtaining, coordinating and monitoring social, habilitative and medical services as well as other services related to the purpose of the program. The case manager's responsibilities are in the *CAP/DA Manual*.

12.1.5 Home Mobility Aids

Home mobility aids are the following items provided to give the client mobility, safety and independence in his private residence. They are used to adapt the home environment to the client's specific disabilities.

- Wheelchair Ramps
- Safety Rails
- Grab Bars
- Non-skid Surfaces (rough surfaced strips of adhesive material that adhere to non-carpeted areas such as concrete, linoleum, wood, tile, porcelain, or fiberglass)

- Handheld Showers
- Widening of Doorways for Wheelchair Access

12.1.6 Preparation and Delivery of Meals

This service, often referred to as "Meals on Wheels," provides for the preparation and delivery of one nutritious meal per day, including special diets, to the client's home.

12.1.7 Respite Care

Respite care is temporary support to the client's primary unpaid caregiver(s) by taking over the tasks of the caregiver(s) for a limited time. It may be used to meet a wide range of needs, including family emergencies; planned absences (such as vacations, hospitalizations or business trips); relief from the daily responsibility and stress of caring for a special needs person; or to provide time for the caregiver(s) to shop, run errands and perform other tasks. It may also be used to provide respite to the client from the primary caregiver(s). Respite is available as in-home respite, in which the respite worker goes into the client's home; or as institutional respite in which the client goes into a facility that is licensed to provide the appropriate level of care.

12.1.8 Telephone Alert

This service pays for the monthly service charge or monthly rental charge for a system that uses phone lines to alert a central monitoring facility to medical emergencies and other situations that threaten the client's safety and well-being.

NOTE: Medicaid does not cover the purchase and installation of equipment in the client's home

12.2 Who's Covered

Whether a client is covered for a CAP/DA service depends on three factors:

12.2.1 The Type of Medicaid Coverage

A client must be covered under regular Medicaid coverage – that is, have a **BLUE** card.

12.2.2 Approval of CAP/DA Participation

A client's CAP/DA participation must be approved according to CAP/DA procedures. A CAP/DA client has a **CI** or **CS** in the CAP block of the Medicaid ID card.

12.2.3 Approval of the Service in the Plan of Care

Each CAP/DA service, including its amount, duration and frequency, must be approved in the client's CAP/DA Plan of Care.

12.3 Limitations

12.3.1 Prior Approval

Prior approval in the CAP/DA Plan of Care is required for each CAP/DA service provided to the client.

12.3.2 Amount of Service

The amount of service is limited to that which is approved in the CAP/DA Plan of Care. The individual service limits considered in approving the plan include:

- **Home Mobility Aids:** Up to $1,500 is allowed for a State fiscal year (July – June).
- **Respite Care:** Respite care may not exceed 30 days (720 hours) in a State fiscal year.

12.3.3 Other Limitations

Medicaid payment is restricted in relation to the following services:

- **ALL CAP/DA Services:** You may not bill for a CAP/DA service furnished when a client is in an institution such as a hospital, nursing facility or ICF/MR. Local lead agencies should refer to the *CAP/DA Manual* for an exception for some case management activities.
- **CAP/DA In-Home Aide Services:** You may not bill for this service if it is provided on the same day that a client receives a substantially equivalent service such as regular Medicaid PCS. You may not bill for this service if it is provided at the same time of day as a home health aide visit.

12.4 Who May Provide CAP/DA Services

You may provide the CAP/DA services that are approved in your Medicaid participation agreement with DMA. See Section 18 for information on provider enrollment. The qualifications for each service follow.

NOTE: CAP/DA lead agencies may provide medical supplies – the items on the Home Health supply list – to CAP/DA clients.

12.4.1 Adult Day Health Services

Your center must be an Adult Day Health Care facility certified by the North Carolina Division of Aging.

12.4.2 CAP/DA In-Home Aide Services

Your agency must be licensed by the Division of Facility Services to provide in-home aide services. Aides must meet the competency requirements for the level of service they are required to perform. In addition, an aide performing any Level III – Personal Care task or any task deemed by the North Carolina Board of Nursing to require Nurse Aide I registration must be registered as a Nurse Aide I.

The aides must be supervised according to Home Care Licensure rules.

You may employ a spouse, parent, child or sibling of the client to provide this service only if the person:

- Is at least 18 years of age;
- Meets the aide qualifications; and
- Gives up employment or the opportunity for employment in order to perform the service.

This restriction applies only to a spouse, parent, child or sibling of the client. You may employ other relatives who meet aide qualifications without regard to giving up employment or the opportunity for employment.

12.4.3 CAP/DA Waiver Supplies

This service is provided through the local lead agency. The supplies must be considered by the case manager to be sufficient quality in order to be provided for the intended use.

12.4.4 Case Management

Case management is provided through the local lead agency. Requirements for the service are in the *CAP/DA Manual.*

12.4.5 Home Mobility Aids

This service is provided through the local lead agency. Requirements for the service are in the *CAP/DA Manual.*

12.4.6 Preparation and Delivery of Meals

Your agency/organization must meet the requirements for this service as set by the North Carolina Division of Aging or North Carolina Division of Social Services.

12.4.7 Respite Care

The qualifications depend on the type of respite.

- **In-Home Respite:** Your agency must meet the same requirements as those listed for CAP/DA In-Home Aide Service. See 12.4.2.

- **Institutional Respite:** This service is provided in a facility licensed to provide the level of care required by the client. For example, a client who requires skilled nursing facility care must be placed in a facility licensed to provide that level of care.

12.4.8 Telephone Alert

Your agency must be recognized by the local CAP/DA lead agency as having the capability to provide efficient, reliable monitoring service, 24 hours per day, seven days per week.

12.5 Getting a Service

An individual applies for CAP/DA at the local CAP/DA lead agency. If the client is approved to participate, the CAP/DA case manager gets approval for the client's CAP/DA services and arranges for their provision. The following outlines the basic steps to get a CAP/DA service from your agency. The steps are in the order that they are usually accomplished.

CAUTION: *CAP/DA case managers may authorize only CAP/DA services – they have no authority to order or approve other Medicaid services.*

Step 1 Receive Service Authorization

The CAP/DA case manager sends you a written authorization that includes:

- The client's name (as it appears in the Medicaid ID card), Medicaid ID number, address and phone number.
- The name, address and phone number of the responsible party, if other than the client.
- The name and phone number of the case manager
- Each service to be provided, when it is to be provided, where it is to be provided and its expected duration.
- The payment for each service. You bill your usual and customary charges for CAP/DA In-Home Aide Services, Respite Care and Adult Day Health Care. If your usual charge exceeds the Medicaid maximum, your usual charge should be shown as well as the amount that Medicaid will pay.

When you are expected to work on goals and objectives, this information either accompanies the authorization or the authorization states how you will obtain the information.

Step 2 Verify Medicaid Eligibility

Check to see that the client has a BLUE Medicaid ID card with a CI or CS in the CAP block in the upper left corner. See Section 3 for a sample Medicaid ID card. Contact the CAP/DA case manager if the card is not blue, or if a CI or CS is not in the CAP block.

REMEMBER: *Check all of the other information on the card – such as eligibility dates, insurance information and other important items noted in Section 3.*

Step 3 Consider Appropriateness

The case manager's authorization is based on a thorough assessment of the client's needs. You do not have to repeat that process, but you should review the information about the client and the client's situation to ensure that the service appears appropriate and that you can provide the ordered service.

Step 4 Resolve Questions and Concerns

If you have incomplete information or your review raises questions, contact the CAP/DA case manager about your concerns before proceeding.

12.6 Coordinating Care

The CAP/DA case manager is primarily responsible for coordinating services. You need to ensure the best care for the client while avoiding duplication or overlap. When you observe potential problems or conflicts, contact the CAP/DA case manager.

12.7 Delivering and Supervising Care

Provide the service as it is ordered by the CAP/DA case manager. Be sure that the service is provided and supervised according to applicable laws, regulations and professional practices.

12.8 Changing Services

Contact the client's CAP/DA case manager when a service needs to be changed.

- **Rescheduling a Service:** Follow the procedures given to you by the CAP/DA case manager when a service must be rescheduled.

- **Changing the Amount, Duration or Frequency of a Service:** When you believe that a change is needed in how much of a service is provided, how long it is provided, or how often it is provided, contact the CAP/DA case manager. The case manager has to follow CAP/DA policies and procedures regarding changes in services.

12.9 Changing Provider Agencies

A change of providers may occur due to the client exercising his freedom of choice of providers, the inability of the provider to continue care, or for other reasons. Contact the CAP/DA case manger to initiate a change.

12.10 Terminations

The CAP/DA case manager coordinates the termination of a CAP/DA service, as well as the termination of program participation. The case manager will notify you in writing if a service is to be stopped. If you need to stop a service, contact the case manager.

12.11 CAP/DA Records

The following provides instructions specific to CAP/DA. These are in addition to the record keeping responsibilities in Section 4. You must document the provision of a service before seeking Medicaid payment. Your records must provide an audit trail for services billed to Medicaid.

Documentation requirements differ according to the service. You must also keep related personnel, financial and other management records as required by the Medicaid Provider Participation Agreement, Medicaid rules, and State and Federal laws.

REMEMBER: *This section includes Medicaid's minimum requirements for client records and related information. Nothing in this section relieves a provider from the rules and requirements of other entities.*

All records must contain the client's name and MID as on the Medicaid ID card. Keep:

- Service authorizations from the CAP/DA case manager, including any amendments to those authorizations, and related correspondence.

- Copies of claims submitted to Medicaid and third party payers, as well as related correspondence.

- Service documentation that shows:

  - What service was provided;

  - Where the service was provided; and

  - The following information specific to the service:

    Adult Day Health Care: Attendance records of the Adult Day Health Center. Other records in the center must be available to document participation in the program and the care received.

LETTERS FROM CHURCHES

First Slavic Baptist Church
7600 Plott Rd. Charlotte, NC 28215

February 25, 2006

State Health Coordinating Council

c/o Floyd Cogley

Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

This letter is in support of Personal Home Care of North Carolina, LLC petition to provide home health services. Personal Home Care of North Carolina plays an important and unusual role in and around the counties of Mecklenburg, Union, and Cabarrus. This personal care agency emerged in response to a unique problem and is providing very responsive services to a large community of new Americans that is difficult to serve.

Russian speaking immigrants from the former USSR republics of Russia, Ukraine, Belarus, Armenia, Azerbaijan, and other countries represent a large part of this population. We estimate that about 80,000 of Russian-speaking people are residing in this part of state now, and their numbers are growing. The communities began forming in the late 1980's, when the State of North Carolina started admission of refugees representing ethnic and religious minorities that were persecuted in their countries, grown immensely since collapse of the Soviet Union in 1990's, and continue to grow as people settle and re-unite with their families. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones.

The older people do not speak English, or if they do, their vocabulary is very limited. They are legal immigrants and many are naturalized citizens. These individuals are often sick and disabled and entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult to happen. Family members in this community assign a person to stay with the older and infirm, but lay people cannot provide clinical services, and are not always able to act as clinical interpreters.

Personal Home Care of North Carolina was organized to meet needs of this population and. is the only agency that serves them. Personal Home Care of North Carolina staff members are bi-lingual in Russian and/or Ukrainian, have similar background and understand this culture. However, Personal Care of North Carolina is limited by licensure restrictions to the amount of service they can provide.

Elderly and disabled individuals with limited or non-existent Englisb proficiency have difficulty getting home health agency because of the language and cultural barriers. Local agencies do not have Russian-speaking staff; therefore communication issues are paramount and care quality might become compromised. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible.

Our church has been fortunate to have access the limited services Personal Home Care of NC, LLC can provide for our members. Our members need more.

Please do not hesitate to call me should you have questions.

Regards,

Vasiliy Yeremuk
Senior Pastor
Phone: 704 - 568 - 9662

Baptist Church of Salvation

McKee Road Baptist Church
4300 McKee Road
Charlotte, NC 28270

(704) 201-3599
(704) 293-0100
(704) 573-9293
(530) 689-8285 Fax

February 26, 2006

State Health Coordinating Council
c/o Floyd Cogley
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

This letter is in support of Personal Home Care of North Carolina, LLC petition to provide home health services. Personal Home Care of North Carolina plays an important and unusual role in and around the counties of Mecklenburg, Union, and Cabarrus. This personal care agency emerged in response to a unique problem and is providing very responsive services to a large community of new Americans that is difficult to serve.

Russian speaking immigrants from the former USSR republics of Russia, Ukraine, Belarus, Armenia, Azerbaijan, and other countries represent a large part of this population. We estimate that about 80,000 of Russian-speaking people are residing in this part of state now, and their numbers are growing. The communities began forming in the late 1980's, when the State of North Carolina started admission of refugees representing ethnic and religious minorities that were persecuted in their countries, grown immensely since collapse of the Soviet Union in 1990's, and continue to grow as people settle and re-unite with their families. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones. These immigrant communities represent people of multiple faiths and ethnic origins and several churches and congregations of multiple faiths have formed: Baptist, Pentecostal, Charismatic, Christian Orthodox, Armenian Episcopalian, Jewish, and others.

The older people do not speak English, or if they do, their vocabulary is very limited. They are legal immigrants and many are naturalized citizens. These individuals are often sick and disabled and entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult to happen. Family members in this community assign a person to stay with the older and infirm, but lay people cannot provide clinical services, and are not always able to act as clinical interpreters.
Personal Home Care of North Carolina was organized to meet needs of this population and is the only agency that serves them. Personal Home Care of North Carolina staff members are bi-lingual in Russian and/or Ukrainian, have similar background and understand this culture. However, Personal Care of North Carolina is limited by licensure restrictions to the amount of service they can provide.

Elderly and disabled individuals with limited or non-existent English proficiency have difficulty getting home health agency because of the language and cultural barriers. Local agencies do not have Russian-speaking staff; therefore communication issues are paramount and care quality might become compromised. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible.

Our Baptist Church of Salvation has been fortunate to have access the limited services Personal Home Care of NC, LLC can provide for our members. Our members need more.

Please do not hesitate to call me should you have questions.

Regards,

Veaceslav Paskal - Pastor Vyacheslav Paskal

Mail to: Baptist Church of Salvation 5831 Versage Dr. Charlotte, NC 28227
Pastor Veaceslav Paskal – 704-293-0100

LETTER FROM COMMUNITY GROUP

PULSE INTERNATIONAL COMMUNITY ASSOCIATION

February 27, 2006

State Health Coordinating Council
c/o Floyd Cogley
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

This letter is in support of Personal Home Care of North Carolina, LLC petition to provide home health services. Personal Home Care of North Carolina plays an important and unusual role in and around the counties of Mecklenburg, Union, and Cabarrus. This personal care agency emerged in response to a unique problem and is providing very responsive services to a large community of new Americans that is difficult to serve.

Russian speaking immigrants from the former USSR republics of Russia, Ukraine, Belarus, Armenia, Azerbaijan, and other countries represent a large part of this population. We estimate that about 80,000 of Russian-speaking people are residing in this part of state now, and their numbers are growing. The communities began forming in the late 1980's, when the State of North Carolina started admission of refugees representing ethnic and religious minorities that were persecuted in their countries, grown immensely since collapse of the Soviet Union in 1990's, and continue to grow as people settle and re-unite with their families. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones. These immigrant communities represent people of multiple faiths and ethnic origins and several churches and congregations of multiple faiths have formed: Baptist, Pentecostal, Charismatic, Christian Orthodox, Armenian Episcopalian, Jewish, and others.

The older people do not speak English, or if they do, their vocabulary is very limited. They are legal immigrants and many are naturalized citizens. These individuals are often sick and disabled and entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult to happen. Family members in this community assign a person to stay with the older and infirm, but lay people cannot provide clinical services, and are not always able to act as clinical interpreters.
Personal Home Care of North Carolina was organized to meet needs of this population and. is the only agency that serves them. Personal Home Care of North Carolina staff members are bi-lingual in Russian and/or Ukrainian, have similar background and understand this culture. However, Personal Care of North Carolina is limited by licensure restrictions to the amount of service they can provide.

Elderly and disabled individuals with limited or non-existent English proficiency have difficulty getting home health agency because of the language and cultural barriers. Local agencies do not have Russian-speaking staff; therefore communication issues are paramount and care quality might become compromised. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible.

Our Pulse International Community Association has been fortunate to have access the limited services Personal Home Care of NC, LLC can provide for our members. Our members need more.

Please do not hesitate to call me should you have questions.

Regards,

Victor Nafatyuk
President

V. Na Fatyuk
704-622-4488

List of Russian Businesses

Russian Business in Charlotte

A&A International Food
Alex Automotive
Alex Floors
Around the World
Auto Clinic Repair Inc.
Avsons
Carolina's International Realty
Charlotte Auto Sales
Charlotte Concrete Resurfacing
Distinctive Painting by Yuri
DS Engineering
Euro Surfaces
Europe Food Store
Ext./Int. Remodeling
E-Z Tax and Travel
First Star Auto Sales
Flara's Designs
G&G Inter - Clean
GP's Auto Sales & Body
Grandway
Home Tech of Lake Norman
JakiMed
Kalinka Cleaning Service
Kalinka Food Store
Karina Bail Bonds
Kirby & Kale
Lube Oil at Central Ave.
Making Computers Work
Meest
Nadia's Construction
New Construction Plumbing
North Carolina Medical Supplies, LLC
Panorama Charlotte, LLC
Papas Heating Cooling and Refrigeration Inc.
Pavel's Jewerly and Repair
PC Optima
Personal Home Care of NC, LLC
Piedmont Construction
Pineville Flowers
Pure Touch Janitorial & Cleaning Services
Salvage Auto Supplies
Samuel's Construction
Stockton Turner Mortgage Bankers
T/D Plumbing
Tatiana Chef To-Go
The Home Team Inspection
UL Excavating
Viking Hardwood Floors
VL Video Studio
Vlad's Tailor Shop

Russian Speaking Realtors in Charlotte

Victoria Kioroglo	Carolina Realty Advisors
Igor Korniyenko	Carolina's International Realty
Tatiana Zalinov	Carolina's International Realty
Sergey Dzyk	Corner Stone Realty
Victor Nafatyuk	Corner Stone Realty
Ella Pomerlyan	Keller Williams Realty
Olga Leggett	LGT Realty, Inc.
Ed Pershin	Mathers Realty
Elena Marx	Mathers Realty
Ivans Belovs	Mathers Realty
Ed Rosenbloom	Prudential Carolinas Realty
Lada Konstantinidi	Prudential Carolinas Realty
Elena Rudnitsky	Queen Realty
Aleksey Negru	Re/Max Elite Associates
Henry Zolotaryov	Re/Max Elite Associates
Luda Vaynshteyn	Re/Max Executive Realty
Nadia Boldt	Re/Max Executive Realty
Nina Hollander	Re/Max Executive Realty
Yuriy Vaynshteyn	Re/Max Executive Realty
Luba Nykyforuk	Realty1000 LLC
Nancy Muzichuk	Smith Realty, LLC

Russian Customer Service Representatives

Sergey Kioroglo	Latorre Insurance Group
Galina Livarchuk	Allegacy Federal Credit Union
Anya Pacyga	Allegacy Federal Credit Union
Victoria Novikova	Bank of America
Marina Kornev	SunTrust Mortgage

Russian Doctors

Kevin R. Ayvazyan, MD, NMD
Bruno Kaldre, DDS
Yulia Goretik, DDS

List of Russian Churches

Russian Churches in Charlotte, NC

First Slavic Baptist Church
7600 Plott Road
Charlotte, NC 28262

Slavic Baptist Church
13601 Idlewild Road
Matthews, NC 28105

Baptist Church of Salvation
4300 McKee Rd.
Charlotte 28270

Gospel Light
7835 Matthews-Mint Hill Road
Charlotte, N.C. 28212

Russian Pentecostal Church
6740 Albemarle Rd.
Charlotte, NC 28229

Spiritual Revival Center
116 N. Ames Street
Matthews 28105

Russian Orthodox Church of the Reigning Mother of God
1001 Queens Road
Charlotte, NC 28207

Churches with large attendance of Russians

St. Sarkis Armenian Apostolic Church
7000 Park Road
Charlotte, NC 28210

Temple Beth El
5101 Providence Road
Charlotte, NC 28226

Temple Israel
4901 Providence Road
Charlotte, NC 28226

TABLE 12C
2007 SMFP
PP 238, 239

Table 12C: 2008 Need Projections for Medicare-Certified Home Health Agencies or Offices

(For Proposed 2007 Plan)

COUNTY	Placeholder Adjustment for Agencies Under Development	TOTALS			Need for New Agencies or Offices
		Adjusted Potential Total Persons Served	Projected Utilization in 2008	Surplus or Deficit (" - " = Deficit)**	
Cherokee	0	498	507	-9	0
Clay	0	193	201	-8	0
Graham	0	176	174	2	0
Haywood	0	970	972	-2	0
Jackson	0	331	337	-6	0
Macon	0	592	606	-14	0
Swain	0	277	278	0	0
Region A Totals	**0**	**3,037**	**3,204**	**-167**	
Buncombe	0	4,350	4,411	-61	0
Henderson	0	2,287	2,375	-88	0
Madison	0	484	494	-10	0
Transylvania	0	775	803	-29	0
Region B Totals	**0**	**7,896**	**8,084**	**-188**	
Cleveland	0	3,065	3,118	-52	0
McDowell	0	1,114	1,144	-30	0
Polk	0	478	491	-13	0
Rutherford	0	1,991	2,029	-38	0
Region C Totals	**0**	**6,649**	**6,787**	**-138**	
Alleghany	0	247	254	-8	0
Ashe	0	488	501	-12	0
Avery	0	495	513	-18	0
Mitchell	0	436	440	-5	0
Watauga	0	613	623	-11	0
Wilkes	0	1,802	1,835	-33	0
Yancey	0	438	451	-13	0
Region D Totals	**0**	**4,519**	**4,620**	**-101**	
Alexander	0	999	1,063	-64	0
Burke	0	2,485	2,501	-16	0
Caldwell	0	2,741	2,804	-63	0
Catawba	0	4,284	4,416	-132	0
Region E Totals	**0**	**10,509**	**10,782**	**-274**	
Anson	0	872	842	29	0
Cabarrus	0	4,599	4,645	-45	0
Gaston	0	6,997	6,893	104	0
Iredell	0	3,734	3,810	-77	0
Lincoln	0	1,943	1,977	-35	0
Mecklenburg	400	15,090	15,147	-57	0
Rowan	0	4,168	4,030	138	0
Stanly	0	1,749	1,697	52	0
Union	0	2,474	2,684	-210	0
Region F Totals	**400**	**41,627**	**41,914**	**-288**	
Alamance	0	3,671	3,700	-29	0
Caswell	0	827	821	6	0
Davidson	0	4,356	4,462	-106	0
Guilford	0	10,984	11,241	-257	0
Montgomery	0	880	893	-13	0
Randolph	0	3,441	3,544	-104	0
Rockingham	0	3,029	2,996	32	0
Region G Totals	**0**	**27,188**	**27,684**	**-496**	
Davie	0	1,121	1,154	-33	0
Forsyth	0	8,977	9,022	-46	0
Stokes	0	1,032	1,039	-7	0
Surry	0	2,576	2,562	14	0
Yadkin	0	1,174	1,173	1	0
Region I Totals	**0**	**14,879**	**14,955**	**-76**	
Chatham	0	819	820	-1	0
Durham	0	3,958	3,836	123	0
Johnston	0	2,597	2,611	-15	0
Lee	0	868	850	19	0
Moore*	0	2,150	2,122	28	0
Orange	0	1,495	1,470	25	0
Wake*	0	10,395	10,800	-405	1
Region J Totals	**0**	**22,283**	**22,470**	**-187**	

Table 12C: 2008 Need Projections for Medicare-Certified Home Health Agencies or Offices

(For Proposed 2007 Plan)

COUNTY	Placeholder Adjustment for Agencies Under Development	TOTALS			Need for New Agencies or Offices
		Adjusted Potential Total Persons Served	Projected Utilization in 2008	Surplus or Deficit ("-" = Deficit)	
Franklin	0	1,463	1,536	-73	0
Granville	0	959	1,002	-43	0
Person	0	1,042	1,073	-32	0
Vance	0	1,021	1,026	-4	0
Warren	0	617	627	-10	0
Region K Totals	**0**	**5,102**	**5,261**	**-159**	
Edgecombe	0	1,559	1,530	29	0
Halifax	0	1,707	1,702	5	0
Nash	0	1,997	2,057	-60	0
Northampton	0	743	748	-4	0
Wilson	0	2,230	2,279	-49	0
Region L Totals	**0**	**8,237**	**8,326**	**-89**	
Cumberland*	0	5,347	5,472	-125	0
Harnett*	0	2,253	2,343	-90	0
Sampson	0	1,816	1,852	-36	0
Region M Totals	**0**	**9,416**	**9,676**	**-259**	
Bladen	0	999	987	12	0
Hoke*	0	770	820	-50	0
Richmond	0	1433	1393	40	0
Robeson	0	3906	3898	8	0
Scotland	0	1351	1344	8	0
Region N Totals	**0**	**8,459**	**8,454**	**5**	
Brunswick	0	2,365	2,440	-75	0
Columbus	0	2,337	2,151	185	0
New Hanover	0	3,868	3,827	41	0
Pender	0	1,085	1,075	10	0
Region O Totals	**0**	**9,655**	**9,571**	**84**	
Carteret*	0	1,651	1,724	-72	0
Craven*	0	2,094	2,136	-42	0
Duplin	0	1,640	1,660	-20	0
Greene	0	427	428	0	0
Jones	0	234	233	2	0
Lenoir	0	2,049	2,007	42	0
Onslow*	0	2,221	2,301	-81	0
Pamlico	295	607	314	294	0
Wayne *	0	3,027	3,056	-30	0
Region P Totals	**295**	**13,951**	**13,886**	**65**	
Beaufort	0	1,478	1,494	-16	0
Bertie	0	733	721	12	0
Hertford	0	834	842	-8	0
Martin	0	1,127	1,104	23	0
Pitt	0	3,280	3,369	-89	0
Region Q Totals	**0**	**7,452**	**7,552**	**-100**	
Camden	0	130	134	-4	0
Chowan	0	261	245	16	0
Currituck	0	379	394	-14	0
Dare	0	453	459	-6	0
Gates	0	236	228	8	0
Hyde	0	107	99	9	0
Pasquotank	0	603	591	12	0
Perquimans	0	246	239	7	0
Tyrrell	0	75	68	6	0
Washington	0	355	330	25	0
Region R Totals	**0**	**2,845**	**2,795**	**49**	
NC Totals	**695**	**203,703**	**206,022**		**1**

* Adjustments for "Active Duty Military Personnel" have been applied to the "Age 18-64" population projections for these counties.

** A projected deficit of 400 patients is the threshold of need for a new home health agency or office.

CENSUS FACTS 2003 RUSSIAN ANCESTRY
MECKLENBURG COUNTY HOUSEHOLDS

U.S. Census Bureau

American Community Survey 2003 Data Profile

Charlotte city, Mecklenburg County pt.

Note: The 2003 American Community Survey universe is limited to the household population and excludes the population living in institutions, college dormitories, and other group quarters.

TABLE 2. SELECTED SOCIAL CHARACTERISTICS

	Estimate	Lower Bound	Upper Bound
SCHOOL ENROLLMENT			
Population 3 years and over enrolled in school	**138,491**	**128,097**	**148,885**
Nursery school, preschool	12,856	9,059	16,653
Kindergarten	7,443	5,033	9,853
Elementary school (grades 1-8)	60,068	54,370	65,766
High school grade (grades 9-12)	28,668	25,294	32,042
College or graduate school	29,456	23,484	35,428
EDUCATIONAL ATTAINMENT			
Population 25 years and over	**373,894**	**365,391**	**382,397**
Less than 9th grade	19,098	15,337	22,859
9th to 12th grade, no diploma	21,574	16,596	26,552
High school graduate (including equivalency)	80,317	71,042	89,592
Some college, no degree	74,956	67,076	82,836
Associate degree	32,576	27,191	37,961
Bachelor's degree	100,798	91,264	110,332
Graduate or professional degree	44,575	38,667	50,483
Percent high school graduate or higher	89.1	87.6	90.7
Percent bachelor's degree or higher	38.9	36.2	41.6
MARITAL STATUS			
Males 15 years and over	**214,281**	**207,283**	**221,279**
Never married	73,042	65,374	80,710
Now married, except separated	113,948	106,846	121,050
Separated	6,812	3,528	10,096
Widowed	2,775	1,435	4,115
Divorced	17,704	13,537	21,871

Viewing 2003 Profile for Charlotte city, Mecklenburg County pt.
Demographic - Table 1
Social - Table 2
Economic - Table 3
Housing - Table 4
Narrative

Back to NC Index

Download Profile (xls)

See footnotes below.

Females 15 years and over	**230,220**	**223,962**	**236,478**
Never married	73,227	67,429	79,025
Now married, except separated	101,589	94,419	108,759
Separated	8,803	5,613	11,993
Widowed	19,224	16,463	21,985
Divorced	27,377	22,003	32,751

FERTILITY			
Number of women 15 to 50 years old who had a birth in the past 12 months	**11,070**	**8,382**	**13,758**
Unmarried women (widowed, divorced, and never married)	3,867	2,005	5,729
Per 1,000 unmarried women	43	23	64
As a percent of all women with a birth	34.9	22.3	47.6
Per 1,000 women 15 to 50 years old	68	51	85
Per 1,000 women 15 to 19 years old	94	45	143
Per 1,000 women 20 to 34 years old	101	68	134
Per 1,000 women 35 to 50 years old	31	12	50

GRANDPARENTS			
Number of grandparents with own grandchildren under 18 years in households	**13,308**	**8,505**	**18,111**
Responsible for grandchildren	6,441	2,958	9,924
less than 1 year	502	0	1,103
1 or 2 years	3,466	611	6,321
3 or 4 years	745	0	1,610
5 or more years	1,728	286	3,170

Characteristics of grandparents responsible for own grandchildren under 18 years			
Percent who are female	61.0	47.3	74.7
Percent who are married	69.8	48.2	91.3
Percent who are in labor force	70.6	48.1	93.1
Percent who are in poverty	18.3	1.3	35.4

VETERAN STATUS			
Civilian population 18 years and over	**418,247**	**407,755**	**428,739**
Civilian veterans	41,300	36,718	45,882

DISABILITY STATUS OF THE CIVILIAN NONINSTITUTIONALIZED POPULATION			
Population 5 to 20 years	**114,501**	**106,876**	**122,126**
With a disability	7,152	3,624	10,680
Population 21 to 64 years	**356,911**	**346,635**	**367,187**
With a disability	32,641	26,181	39,101
Percent employed	49.1	39.8	58.4
No disability	324,270	313,444	335,096
Percent employed	80.3	78.0	82.5
Population 65 years and over	**48,452**	**45,321**	**51,583**
With a disability	17,999	14,992	21,006
RESIDENCE 1 YEAR AGO			
Population 1 year and over	**555,050**	**539,813**	**570,287**
Same house	418,705	402,887	434,523
Different house in the U.S.	132,046	116,205	147,887
Same county	92,200	79,426	104,974
Different county	39,846	30,999	48,693
Same state	15,956	10,571	21,341
Different state	23,890	15,981	31,799
Abroad	4,299	1,983	6,615
PLACE OF BIRTH, CITIZENSHIP, AND YEAR OF ENTRY			
Total population	**567,013**	**551,700**	**582,326**
Native	492,429	476,970	507,888
Born in United States	489,908	474,516	505,300
State of residence	265,023	249,073	280,973
Different state	224,885	210,095	239,675
Born in Puerto Rico, U.S. Island areas, or born abroad to American parent(s)	2,521	1,074	3,968
Foreign born	74,584	64,441	84,727
Naturalized citizen	17,734	12,368	23,100
Not a citizen	56,850	46,914	66,786
Entered 1990 or later	54,121	43,969	64,273
Entered before 1990	20,463	15,122	25,804
REGION OF BIRTH OF FOREIGN BORN			
Foreign-born population with region of birth reported	**74,584**	**64,441**	**84,727**

Europe	10,903	4,510	17,296
Asia	19,188	15,083	23,293
Africa	2,711	770	4,652
Oceania	973	0	2,020
Latin America	39,377	32,804	45,950
Northern America	1,432	250	2,614
LANGUAGE SPOKEN AT HOME			
Population 5 years and over	**521,584**	**507,049**	**536,119**
English only	442,164	426,554	457,774
Language other than English	79,420	69,890	88,950
Speak English less than "very well"	47,765	39,794	55,736
Spanish	43,395	37,316	49,474
Speak English less than "very well"	30,177	25,434	34,920
Other Indo-European languages	20,757	12,864	28,650
Speak English less than "very well"	9,907	4,280	15,534
Asian and Pacific Islander languages	13,512	9,023	18,001
Speak English less than "very well"	7,491	4,406	10,576
Other languages	1,756	231	3,281
Speak English less than "very well"	190	0	509
ANCESTRY (TOTAL REPORTED)			
Total Population	**567,013**	**551,700**	**582,326**
Arab	1,957	328	3,586
Czech	1,272	407	2,137
Danish	1,854	212	3,496
Dutch	4,083	2,209	5,957
English	55,199	46,881	63,517
French (except Basque)	14,879	9,787	19,971
French Canadian	1,581	540	2,622
German	74,561	63,028	86,094
Greek	3,298	1,212	5,384
Hungarian	2,323	482	4,164
Irish	46,650	38,522	54,778
Italian	20,843	15,421	26,265
Lithuanian	179	0	477
Norwegian	4,650	2,481	6,819
Polish	9,869	6,184	13,554

Portuguese	859	0	1,724
Russian	10,102	3,896	16,308
Scotch-Irish	26,151	17,492	34,810
Scottish	11,871	7,946	15,796
Slovak	967	173	1,761
Subsaharan African	6,650	2,878	10,422
Swedish	2,650	1,339	3,961
Swiss	2,748	372	5,124
Ukrainian	1,357	0	2,770
United States or American	22,307	16,921	27,693
Welsh	2,743	989	4,497
West Indian (excluding Hispanic origin groups)	5,047	0	10,647

Footnotes

The 2003 American Community Survey universe is limited to the household population and excludes the population living in institutions, college dormitories, and other group quarters. Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate is represented through the use of a confidence interval. The confidence interval computed here is a 90 percent confidence interval and can be interpreted roughly as providing 90 percent certainty that the true number falls between the lower and upper bounds.

Ancestry listed in this table refers to the total number of reports; for example, the estimate given for Russian represents the number of people who listed Russian as either their first or second ancestry. This table lists only the largest ancestry groups; see the Detailed Tables for more categories. Race and Hispanic origin groups are not included in this table because official data for those groups come from the Race and Hispanic origin questions rather than the ancestry question (see Table 1).

1. An '*' entry in the lower and upper bound columns indicates that too few sample observations were available to compute a standard error and thus the lower and upper bounds. A statistical test is not appropriate.
2. An '**' entry in the lower and upper bound columns indicates that no sample observations were available to compute a standard error and thus the lower and upper bounds. A statistical test is not appropriate.
3. An '-' entry in the estimate column indicates that no sample observations were available to compute an estimate.
4. An '-' following a median estimate means the median falls in the lowest interval of an open-ended distribution.
5. An '+' following a median estimate means the median falls in the upper interval of an open-ended distribution.
6. An '***' entry in the lower and upper bound columns indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate.
7. An '*****' entry in the lower and upper bound columns indicates that the estimate is controlled. A statistical test is not appropriate.
8. An 'N' entry in the estimate, lower bound, and upper bound columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small.

[Excel] or the letters [xls] indicate a document is in the Microsoft Excel Spreadsheet Format (XLS). To view the file, you will need the Microsoft Excel Viewer available free from Microsoft.

Back to Top

Source: U.S. Census Bureau
American Community Survey Office
Last revised: Tuesday June 28, 2005

COMMUNITY PETITIONS

Petition

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
Nivella Karnaby	11172 Waterface Tega Cay, SC 29708	803-493-2327	
Svetlana Blyakher	2811 Colmar Ln Charlotte, NC 28270	704-321-5490	
Julia Chayun	12331 Rock Canyon Dr. Charlotte, NC 28226	704 341-5778	
Vasily Chayun	12331 Rock Canyon Dr. Charlotte NC	(704) 649-5701	
Olga Synichenko	3029 Rugged Stone way Charlotte	(704) 345-8121	
Synichenko O.	3029 Rugged Stone Way. Charlotte NC. 28227	(480) 297-1318	
Alex Eisind	7700 Iron Valley Charlotte NC 28226	(704) 540-1810	
Igor Blyakher	2811 Colmar Ln Charlotte 28270	704-321-5490	
Irina Hamrick	8113 High Oaks Ln Charlotte NC 28277	704-541-5167	
Marey Zaitsev	10025 Rock Springs of Matthews NC	(704) 2775851	
Tetyana Zaytsev	10025 Rock Springs Matthews, NC	(704) 568-0809	
Larisa Barringo	1018 Pinebrough Rd Charlotte NC 28212-7657	(704) 531-8927	
Dmitriy Barringo	1018 Pinebrough Rd Charlotte, NC 28212	(704) 531-8927	

Petition

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
Dena Aralbova	7300 Pebblestone Dr Charlotte, NC 28212	7047376351	Araralbova
IRYNA YOSYPIV	1716-3F Charleston Place Ln Charlotte NC 28212	704-535-6066	I. Yosypiv
Stacey Solomanin	5618 BEAVER DAM LANE MINT HILL NC 28227	704 9680884	S. Solomyan
[illegible]	11511 Duluth Park Dr. Charl. 28277	(704)540-7707	[illegible]

Petition

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
Gerry Lyrn	4002 Gurdian Angel Charlotte, NC	980-297-1319	Gerry Lyrn
Serge Zhuya	8612 Silver Falls Way Charlotte, NC 28227	704 649 2517	
Igor Zhuya	8612 Silver Falls Way Charlotte, NC 28227	704 281 2237	
Rita Shchinnina	2222 East Providence Dr Charlotte, NC	7049689916	Rita S.
Lidia Lyrn	4002 Gurdian Angel Charlotte	704-904-0044	Lidia Lyrn
Vera Loshkarev	10401 Briarhurst Place Mint Hill 28227	(509) 499-3526	V. Lo
Lusy Loshkarev	10401 Briarhurst Mint Hill	(509) 990-2233	Loshkarev
Vlad Loshkarev	10401 Briarhurst Mint Hill	(704) 421-1111	
Belousov Vladimir	10401 Briarhurst Mint Hill	(509) 990-5083	Belousov
Olga Plugovay	4815 old Charlotte Hwy Monroe NC 28110	(704) 207-6945	Plugovay Olga
Oleg Plugovoy	4815 old Charlotte Monroe NC 28110	(704) 207-6303	
Larisa Titov	2600 NW 55St Charlotte NC	(704) 470-0308	Titov Larisa
Sergey Perkachev	16964 Commonscare Charlotte NC 28227	(704) 541-9079	Perkachev

7/22/2006

Petition

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
Luba Derkachev	16964 Commons Creek Charlotte NC28127	(704) 541-9079	Derkachev
MAX Syrn	4004 Guardian angel Charlotte NC2	(980) 892-97-1317	Max Syrn
Tatyana Bar	6408 Burning Bush Charlotte NC	(704) 200-3148	Bar
Alex Bar	6408 Burning Bush Charlotte NC28227	(704) 670-0046	Bar

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
Charla Moats	127 N. Tryon, #415 Charlotte, NC 28202	704 241 2092	Charla Moats
Sylvia Ruff	3532 Glarrorganct Charlotte NC 28269	704 510 4996	
Bonita Nunca	1151 Wilann Dr Charlotte NC 28215	704-408-8739	
Stephanie Brace	5022 Acorn Forest Rd. Charlotte, NC 28269	704-763-7759	
Tracey Jones	4701 Addison Dr. Charlotte 28211	704-877-3324	
Mandy Lee	1237 Harrill St. Charlotte NC 28205	704-609-4497	
Mina Kawlasa	7210 Preakness Stakes Ln Charlotte, NC 28215	704-609-8642	
Deborah Turner	6309 Creek Brace Rd Charlotte, NC.	704-948-1894	
Margie Suggs	1774 Carnegie St Charlotte APT E	704 503-3453	
Harriett Rosebrough	16858 Hugh Torance Pkwy Huntersville, NC 28078	704-912-2938	
TAMARA BLYAKHER	2811 Colmar Ln Charlotte, NC 28270	704-321-5490	
Kelly Wilson	520 W 5th St, Apt 5U Charlotte, NC 28202	904-861-2972	
Petrina Johnson	10242 Garrett Grigg Charlotte, NC 28262	704-971-7924	
RALPH BOSCIA	1005 ELSMORE DR MATTHEWS, NC 28104	704-846-3645	

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
DAWIT TADESSE	10926 CHRUDAN DR CHARLOTTE, NC 28262	704-726-7157	
Lori Perry	14335 Wychollow Downs Ln Charlotte, NC, 28277	704-341-9891	Lori Perry
Jay Szymanski	6016 E Tyvola Rd, Charlotte, NC 28217	704.573.7417	
GERYONIA WILLIAMS	13706 BALLANTYNE MEADOWS DR. CHARLOTTE, NC 28277	704-521-8711	
Timothy Finch	3301 Starkdale Dr Charlotte NC 28210	704-643-8274	

8/3/2006

RUSSIANCAROLINA.NET

RUSSIAN NORTH CAROLINA

Russian stores

Russian food may be purchased in Asheville, Charlotte, Greensboro, Hickory, Raleigh.

08/02/06

Перейти на русский

Menu

Welcome

Russian speaking community of North Carolina. The purpose of this site is to provide to all interested some general information about the state. If you are interesred in Russian food that can be purchased in North Carolina via European grocery stores, you are in the right place. Other information, such as sightseeing and North Carolina vacation destinations may also be located in this site. Information about Russian TV via Dish Network and DirecTV, phone cards to Russia, Europe, South America and other usefull stuff.
Russian North Carolina also provides a means of communication for all Russian speaking residents of the state.

Latest News

- Ukrainians arrested in Raleigh
- Russian students in NC controversy
- F-86 Fighter crashes in Hickory
- Cary, NC: Best Place to Live
- A. Plotnikov, doctor and painter

Popular

- 123 Russian movies
- Classifieds
- Russian TV in NC
- New Store
- Forum

Latest Forum Posts

- Ищу подруг : 02.08 в 12:14 "Katya"
- У кого есть дети? : 02.08 в 11:50 "Katya"
- Недвижемость в Raleigh : 02.08 в 08:21 SergeyR
- Американские рецепты : 01.08 в 14:38 Антон
- Фиансе виза : 01.08 в 10:58 Julia
- Asheville : 01.08 в 01:07 Антон
- г.Шарлотт - город сад -глаза... : 29.07 в 22:53 Антон
- Вопросы о Raleigh : 29.07 в 22:48 Elly
- парикмахер : 29.07 в 07:50 nata_nc
- Путешествие в бывший СССР ... : 28.07 в 21:35 Антон

New Topics

- Фиансе виза : 01.08 автор: Диана
- Нужно жилье в Charlote, NC : 28.07 автор: Zhenek
- Кто ищет телефонную компанию... : 27.07 автор: София
- парикмахер : 27.07 автор: nata_nc
- Американские рецепты : 27.07 автор: Kvitka
- Строительство домов : 27.07 автор: SergeyR
- Путешествие в бывший СССР ... : 25.07 автор: dolph
- INTERNATIONAL HOUSE PARTY, ... : 24.07 автор: NcLounge
- Asheville : 23.07 автор: Kolobok
- Чей e-mail lkjhg@nm.ru???? : 19.07 автор: Desantnik_ua

Private Advertisements

Продаю DVD диски и книги ДЕШЕВО!!!

Submit news

News may be submitted by users by clicking here.

Submit classifieds.

Ukrainians arrested in Raleigh

Written by Антон

07/27/06

Three Ukrainians and a U.S. citizen arrested in Raleigh.

Login Form

Why register?

Username

Password

Remember me Login

Lost Password?

No account yet? Register

Site Updates

Comments about Michael...
Below you may find comments and feedback from the...

U.S. Embassy and Consulates in...
U.S. Embassy in Moscow Bolshoy Deviatinsky...

K-1 Visa
APPLYING FOR K-VISAS (Fiance/Fiancee of a U.S....

Work Visa
H Visas: Temporary workers and Trainees ...

Pictures

Пашня.

Upload your pics!

Organize your pictures. Get Google's photo software.

TV

Write Comment (0)
Read more...

Russian students in NC controversy

Written by Антон
07/25/06

There is a controversy brewing over Rep. Charles Taylor and his support of the Congress-funded education for Russian students in North Carolina colleges. His opponent in the November election, Haywood County Democrat Heath Shuler, says Taylor "has voted against our own children" by cutting funding for student loan and grant programs. "But yet he has not only supported children from other countries but educated them with our own tax dollars

Write Comment (0)
Read more...

F-86 Fighter crashes in Hickory

Written by Антон
07/24/06

On July 24 during a take off from Hickory Regional Airport, a restored F-86 fighter jet crashed and killed its pilot.

Write Comment (0)
Read more...

Cary, NC: Best Place to Live

Written by Антон
07/24/06

Money published its Best Places to Live 2006. Cary, NC is in the top 10 best cities in the U.S.

CNNMoney.com

Write Comment (0)
Read more...

A. Plotnikov, doctor and painter

Written by Антон
07/10/06

News & Record from Greensboro, NC published an article about a Russian Doctor who lives and practices medicine in Greensboro. Not only is Dr. Alex Plotnikov a good physician, he is also a decent painter.

Write Comment (0)
Read more...

Russian-American Kids Circus in NC

Written by Антон
07/06/06

Russian-American Kids Circus in North Carolina September 23.

Write Comment (0)
Read more...

Putin speaks about U.S., Bush

Written by Антон
07/06/06

During the previously announced internet-conference, Russian President Vladimir Putin answered some questions from the internet users. We are publishing his answers dealing with the United States and George Bush.

Write Comment (0)
Read more...

Duke: we are more lonely

Written by Антон
07/03/06

Americans are becoming more lonely. So claims the study by the Duke University, North Carolina.

Write Comment (0)
Read more...

President Bush in NC for July 4

Written by Антон
07/01/06

President Bush will be celebrating the 4th of July in our state.

Write Comment (0)
Read more...

Ask Putin a question

Russian food in Asheville

search...

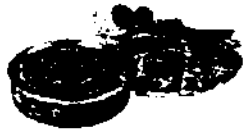
Written by Антон
07/01/06

Internet visitors ask the Russian President Putin questions on http://president.yandex.ru. Answer were provided by the President on July 6.

Write Comment (0)
Read more...

Written by Антон
06/27/06

One more grocery stores selling Russian and European food in Asheville, NC.



Write Comment (0)
Read more...

Carolina Hurricanes win Stanley Cup

Written by Антон
06/20/06

For the first time in North Carolina history, a professional team from our state wins a national championship. Carolina Hurricanes win the Stanley Cup.

Write Comment (0)
Read more...

Russian Rock in NC

Written by Антон
06/11/06

Feddy, a rock band from St. Petersburg, Russia, to play in Murfreesboro, North Carolina, as a part ofthe EuroRock2006 Festival.

Write Comment (0)
Read more...

<< Start < Prev 1 2 3 4 5 6 7 8 9 10 Next > End >>

Results 1 - 13 of 145

RUSSIANINCHARLOTTE.COM

Russian Charlotte, North Carolina
Русская Шарлотта, штат Северной Каролины

Информационный сайт для русских эмигрантов в г. Шарлотта, штат Северная Каролина

Русские в Шарлотте, штат Северной Каролины Информ

Бизнесс | Обьявления | Новости | Религия | Семья | Шарлотта | Красота | Наши люди | Контакт

Главная English Для оптимального просмотра этого веб сайта, пожалуйста загрузите и установите *FireFox нажмите здесь*

Обьявления
Частные обьявления (free)
Предлагаю работу
Ищу работу
Бизнесс обьявления
Продам
Куплю
Разное
Составить

обьявление
Banners and Price

Жизнь церквей г. Шарлотта
Церковь "Спасение"
Первая Славянская Баптисткая Церковь
Отделенные Православные Церкви и веб ресурсы
Христианские веб ресурсы
Стихи наших посетителей

Received @ July 25, 2006 Public Hearing

Petition to the State Health Coordinating Council
Regarding the Home Health Methodology and Policies
For the 2007 State Medical Facilities Plan

Petitioner:

Personal Home Care of NC, LLC
4401 Colwick Road
Suite 711
Charlotte, NC 28211

Contact:

Ivans Belovs
Personal Home Care of NC, LLC
704-975-5253

PETITION

STATEMENT OF REQUESTED CHANGE

Personal Home Care of NC requests the following changes in the methodology and policies for the 2007 State Medical Facilities Plan.

> Inclusion of a special need for one home health agency in HSA III for persons facing ethnic and cultural barriers to use of home-based health care services, particularly persons of Eastern European or Russian ethnicity.

REASONS FOR THE PROPOSED CHANGES

HSA III , particularly the greater Mecklenburg area, including Mecklenburg, Union and Cabarrus counties has attracted a large population of Russian speaking immigrants. They initially settled here in the early 1980's and their numbers grew following the collapse of the former Soviet Union in 1990's. Mecklenburg County had an immigration policy that favored it as a destination for refugee immigrants. Churches and other religious institutions, including Baptist and Jewish congregations had long-standing relationships with religious groups that were facing oppression in the countries that made up the former USSR, like Ukraine, Russia, Armenia, Azerbaijan, Byelorussia, Latvia, and some countries of Eastern Europe. The churches provided these refugees with resettlement assistance. The Hebrew Immigrant Aide

Society, which has expanded its role far beyond the original mission of resettlement of Holocaust survivors, helped to settle the first groups in the area. Baptist Missions and other Christian sects followed suit. In 1999, the US Congress passed a law, the Russian Leadership program (PL 106-31) to improve understandings of the Russian culture in the US. The NC Courts have added Russian to the list of languages for which it will provide interpreters.

In Greater Mecklenburg, communities, businesses and churches formed in the 1980's. In the 2000's the established communities began to attract immigration from other Russian-speaking groups in the larger US cities: Seattle, Los Angeles, New York and Chicago. These are legal immigrants. They are entitled to Medicare and Medicaid. Many have become citizens. The younger people have started businesses here and have become employers and taxpayers. The Russian-speaking immigrants come from a culture of strong family ties; as a result, they come into the state as large groups of relatives, 20 and 30 together. The older generation does not speak English. Russian is also a difficult language for English-speakers as it uses a different alphabet and different structures. The culture is different and direct translation does not always communicate the intended meaning.

Measuring the number of residents in these communities is very difficult. Census data are by the Bureau's admission, unreliable. There is no check-off on the census form to indicate Russian-speaking. At best, the census estimates ancestry. To estimate the size of the Russian-speaking community, we have approached city and county governments, the Census internet sites, private companies that specialize in demographic profiles such as Migliara Kaplan, and refugees' resettlement agencies. From each we received the same answer, "There are no reliable data." The US Census report of 4,109 Russian-speaking residents in North Carolina in 2000 is clearly an underestimate. We know. Mecklenburg's Russian language newspaper, Panorama Charlotte, which is printed in Russian, distributes over 10,000 copies monthly. Each of these is shared at least five times, putting the estimate at 50,000 people. Church attendance at Russian speaking services in Charlotte alone is estimated at 10,000 weekly. Russian businesses in Charlotte alone number 73. As a proxy measure of the breadth of the Russian speaking population, we have assembled the attached list of Russian businesses, Russian churches, and letters from the Mecklenburg CAP agency that contracts with Personal Home Care of NC to provide in-home aide care to Medicaid beneficiaries.

We are acutely aware of their presence in large numbers, because we serve them. We are part of them. Today, we are providing in-home nursing visits to these people at no charge, because we cannot offer them the Medicare benefit. At the same time, they cannot get full care from existing home health agencies.

Home Health is a Medicare and Medicaid core service, but home health agency care requires communication between patient and caregiver. All of the services occur in the patient's home, where a caregiver is on his/her own to make judgments and leave instructions. The premise of home health agency care is that the care provider can instruct the patient and/or family caregiver in continued maintenance of the care regimen after the home health agency eligibility expires. When language is a barrier for both provider and patient, this cannot occur.

Earlier this year, I discussed the story of Ivan and his wife, Leda, who is his caregiver. He had prostate cancer, and was enrolled in the CAP program with our agency, Personal Home Care. Neither could converse in English. In-home aides from Personal Care were not enough to provide all of the care, for he had an imbedded urine catheter and needed nursing care. Home health agency nurses were sent to their home. The nurses spoke only English and did not understand Ivan's complaints. The tried, but changing the catheter became very painful for Ivan, who could not explain the cause or location of his agony. Because Leda knew Ivans Belovs from Personal Care from her CAP experience, she called him in despair and asked for assistance. Ivans went to the house as a volunteer interpreter; and with his help and sign language Ivans was able to get the home health agency nurses to show Luda how to do catheter cleaning and changes. After that, the home health agency nurses came to leave supplies and take blood pressures, but were unable to communicate any care changes that might have been helpful to Ivan or Luda. This awkward arrangement eventually resulted in having Ivan discharged. Ivans died .

Language remained a problem. Desperate to find help, hospice volunteer appealed to community at large via the internet, calling for Russian speaking volunteers to come to the home to help with interpretation so that Ivan could stay at home. Home heath could not help, because Luda could not communicate with them. Because they refuse to let him go to an institution, Ivan died at home. A hospice agency sent nurses to deliver supplies, but they were unable to help with true end of life or palliative care. Ivan and Luda continue to struggle in the prison of their language isolation, with their dignity compromised.

We see this story often, because we are in touch with these families through the CAP program and now through our DME store

More than fifteen patients served by the Personal Home Care of NC through the CAP program qualify for home health agency nursing services today. However, Personal Home Care of NC cannot provide home health agency care, because we do not have a home health agency license. Mecklenburg's CAP agency continues to refer the patients to Personal Home Care because Personal Home Care is the only Russian-speaking service in the area. Personal Home Care is providing nursing service to all of them without getting compensated, because patients have no other care alternative. This is not sustainable for long. Without a home health agency, we cannot provide a full continuum of care for these patients.

The CAP agency has suggested that we get a home health agency license. Yet, the State Medical Facilities Plan has such high need thresholds before it permits new home health agencies in a county that we are not likely to have an opportunity to apply for a CON for the Greater Charlotte Area for another year or more. Yet the Russian community is still growing and the older generation is getting still older.

The Hispanic population represent 8 to 15 percent of the North Carolina regional economy and for them service providers have made adjustments , adding in house bilingual staff and training materials for many residents who are illegal. By contrast, the legal Russian population is still an underserved and often un-served minority. Home health agency services are intended to be of short duration, usually one month or less, with each visit lasting about

one hour. They are built on the premise that health care providers will involve family caregivers in an education program that involves training in continued care of the patient. When language is a barrier, this critical service element cannot occur. As a result, the patient usually drops out of the service, frustrated by both sides' inability to communicate. Consequently, patients are not getting services to which they are entitled by law.

Prior to submitting this application, we, Personal Care of North Carolina, checked with every home health agency that serves Mecklenburg County. Not one had a Russian-speaking nurse on the payroll. We have been trying since our petition for a statewide methodology was denied. Carolinas Medical Center and Presbyterian, do have contracts with interpreter services. The interpreter service as an alternative is better than nothing. However, the Russian interpreters are too few to accommodate multiple home health agency visits occurring at the same time, and many are not available to cover night visits.

On the positive side, the Russian population in the greater Mecklenburg area has reached sufficient size to support home health agency services. It is already supporting a CAP agency that serves very sick Medicaid patients, keeping them out of institutions. The Mecklenburg County CAP coordinator reports that in an average home health agency, CAP patients represent about 15 percent of patients. At this ratio (6.7 home health agency patients per CAP patient or 100/15) Personal Home Care, with 60 CAP patients could support 400 home health agency patients.

In designing the proposed methodology, we intentionally set the threshold high, at 225 patients in a region. By doing so, the Plan will have built-in assurance that the need for home health agency patients is sufficient to insure the success of the new agency, yet cause minimal impact on existing providers. In the end, the burden of proof will be upon the applicant.

ADVERSE EFFECTS ON PROVIDERS AND CONSUMERS OF NOT MAKING THE REQUESTED CHANGE

Expanding Health Care Services to the Medically Underserved is one of the three basic principles of the State Medical Facilities Plan.

Without an agency staffed by Russian-speaking nurses and therapists, approximately 400 persons in the greater Mecklenburg area today have no or inadequate access to home health agency care. This is a significant number and is the number used by the 2006 SMFP to determine need for a new home health agency in a single county. This need spans three contiguous counties, that the petitioner has demonstrated capacity to serve, Mecklenburg, Cabarrus and Union.

The Russian speaking population is dynamic, growing daily, as part of the 38,000 and growing new residents that, as the Chamber of Commerce reports, are pouring into the greater Mecklenburg area every year. Russian and English languages are very different in structure;

literal translations and interpretations do not reflect comparable meanings. Hence non-medical interpreters and translators cannot bridge the gap.

Not to act is to deprive a large population that intends to stay out of institutions of the care needed to support them at home. A day of home health agency service is far less expensive than a day in a skilled nursing care facility. More importantly, the home health agency care regimen is designed to make the patient independent in a month or two, whereas, once placed in a nursing home, a patient tends to stay about three years.

ALTERNATIVES TO THE REQUESTED CHANGE CONSIDERED AND REJECTED

Personal Home Care of NC, LLC, considered several alternatives, including: 1) status quo; 2) subcontracting with an existing home health agency to specialize in provision of home health services to Russian-speakers Home Health and 3) this petition. This petition is the result of two years of unsuccessfully trying the other two alternatives.

We are living the status quo. Patients are calling Personal Home Care of NC, LLC when they have a medication or wound care crisis. Unwilling to cause families and patients undue suffering, Personal Care has been providing free home visits. This is not sustainable. PHC has tried getting the patients into area home health agencies, only to have the service fail because of the communication problems.

Working a subcontract or joint venture with other agencies to hire Russian speaking staff is a very compelling concept. However, the additional administrative structure this will require will reduce the funds available for patient care. The same translation difficulties that now occur between patient and caregiver will only shift to the arena of caregiver and administrator. This arrangement would eliminate from the labor pool any nurses whose primary fluency is in Russian, because it will require bi-lingual nurses to handle the administrative translations and interpretations. At a time when nurses are in short supply, and efforts to control health care costs abound, this would not provide a durable solution.

Home Health Region E already shows a deficit of 288 patients. Many of the Russian speaking community have migrated to Union County where housing is less expensive.

NON-DUPLICATION OF SERVICES

This proposed change requires an applicant for the CON to demonstrate that the population in need is sufficient in size to support a home health agency and that the population is not getting adequate care. A small and diversified home health agency can be viable with 200 patients. Consequently, there will be no duplication of services. The suggestion to develop a home health agency came from one of the CAP agencies that saw the need to complete the continuum of care. The CAP agency would have no interest in developing duplicative services.

The proposal would add home health agency services only in two very rapidly growing parts of the state

CONCLUSION

Personal Home Care of NC, LLC, respectfully requests that the State Health Coordinating Council consider a policy that would permit development of a home health agency in HSA III to serve groups of Russian-speaking people for whom language presents a significant barrier to receiving care. Except for the CAP agency letters, all of the letters below were translated back and forth from English to Russian to English.

Attachment: Letters from CAP agencies
Letters from Churches
Letter from community group
List of Russian Businesses
List of Russian Churches
Table 12C 2006 SMFP pp 252, 253
Census Facts 2004 Russian Ancestry Mecklenburg County Households.

February 21, 2006

State Health Coordinating Council
c/o Floyd Cogley
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

Personal Home Care of North Carolina agency plays an important and unusual role in the greater Mecklenberg community area. This agency emerged in response to a unique problem and is providing very responsive services to a large community that is difficult to serve. We have become a center for Russian-speaking immigrants from the republics of the former USSR including Russia, Ukraine, Belarus, and other countries. The communities began forming in the late 1980's and continue to grow as people settle. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones.

The older people do not speak English, or if they do, their vocabulary is limited. They are legal immigrants; many are citizens. They are entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult for most agencies to serve them. Personal Home Care of NC organized to meet their needs. Today, the Russian-speaking patients constitute 8 percent of our CAP patients. Personal Care is the only agency that does serve them, because their staff speaks Russian and understand this culture. Personal Home Care of NC is helping us to keep people at home and out of the nursing home. Family members in this community are committed to this vision and assign a person to stay with the older and infirm.

This population has difficulty getting home health agency care because of the language and cultural barriers. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible. Given the size of the population in the CAP agency, I believe they would have enough members to support a home health agency.

Please do not hesitate to call me should you have questions.

Regards

Sue A. McCraw RN BSN

Sue McCraw

704 - 336 - 6446

Mecklenburg CAP DA Supervisor

Russian Business in Charlotte

A&A International Food
Alex Automotive
Alex Floors
Around the World
Auto Clinic Repair Inc.
Avsons
Carolina's International Realty
Charlotte Auto Sales
Charlotte Concrete Resurfacing
Distinctive Painting by Yuri
DS Engineering
Euro Surfaces
Europe Food Store
Ext./Int. Remodeling
E-Z Tax and Travel
First Star Auto Sales
Flara's Designs
G&G Inter - Clean
GP's Auto Sales & Body
Grandway
Home Tech of Lake Norman
JakiMed
Kalinka Cleaning Service
Kalinka Food Store
Karina Bail Bonds
Kirby & Kale
Lube Oil at Central Ave.
Making Computers Work
Meest
Nadia's Construction
New Construction Plumbing
North Carolina Medical Supplies, LLC
Panorama Charlotte, LLC
Papas Heating Cooling and Refrigeration Inc.
Pavel's Jewerly and Repair
PC Optima
Personal Home Care of NC, LLC
Piedmont Construction
Pineville Flowers
Pure Touch Janitorial & Cleaning Services
Salvage Auto Supplies
Samuel's Construction
Stockton Turner Mortgage Bankers
T/D Plumbing
Tatiana Chef To-Go
The Home Team Inspection
UL Excavating
Viking Hardwood Floors
VL Video Studio
Vlad's Tailor Shop

Russian Speaking Realtors in Charlotte

Victoria Kioroglo	Carolina Realty Advisors
Igor Korniyenko	Carolina's International Realty
Tatiana Zalinov	Carolina's International Realty
Sergey Dzyk	Corner Stone Realty
Victor Nafatyuk	Corner Stone Realty
Ella Pomerlyan	Keller Williams Realty
Olga Leggett	LGT Realty, Inc.
Ed Pershin	Mathers Realty
Elena Marx	Mathers Realty
Ivans Belovs	Mathers Realty
Ed Rosenbloom	Prudential Carolinas Realty
Lada Konstantinidi	Prudential Carolinas Realty
Elena Rudnitsky	Queen Realty
Aleksey Negru	Re/Max Elite Associates
Henry Zolotaryov	Re/Max Elite Associates
Luda Vaynshteyn	Re/Max Executive Realty
Nadia Boldt	Re/Max Executive Realty
Nina Hollander	Re/Max Executive Realty
Yuriy Vaynshteyn	Re/Max Executive Realty
Luba Nykyforuk	Realty1000 LLC
Nancy Muzichuk	Smith Realty, LLC

Russian Customer Service Representatives

Sergey Kioroglo	Latorre Insurance Group
Galina Livarchuk	Allegacy Federal Credit Union
Anya Pacyga	Allegacy Federal Credit Union
Victoria Novikova	Bank of America
Marina Kornev	SunTrust Mortgage

Russian Doctors

Kevin R. Ayvazyan, MD, NMD
Bruno Kaldre, DDS
Yulia Gorelik, DDS

Table 12C: 2007 Need Projections for Medicare Certified Home Health Agencies or Offices

(For 2006 Plan)

COUNTY	Placeholder Adjustment for Agencies Under Development	TOTALS: Adjusted Potential Total Persons Served	TOTALS: Projected Utilization in 2007	TOTALS: Surplus or Deficit (-)	Need for New Agencies or Offices
Cherokee	0	662	661*	1	0
Clay	0	217	219	-2	0
Graham	0	215	209	6	0
Haywood	0	1,054	1,043	12	0
Jackson	0	440	444	-4	0
Macon	0	611	608	3	0
Swain	0	309	307	3	0
Region A Totals	0	3,510	3,494	15	
Buncombe	0	5,092	5,098	-6	0
Henderson	0	2,266	2,330	-64	0
Madison	0	561	561	0	0
Transylvania	0	776	787	-10	0
Region B Totals	0	8,695	8,779	-83	
Cleveland	0	3,564	3,627	-62	0
McDowell	0	1,188	1,219	-32	0
Polk	0	486	499	-14	0
Rutherford	0	2,107	2,138	-31	0
Region C Totals	0	7,345	7,487	-142	
Alleghany	0	228	233	-5	0
Ashe	0	610	623	-13	0
Avery	0	527	549	-21	0
Mitchell	0	452	472	-11	0
Watauga	0	710	722	-12	0
Wilkes	0	1,934	1,976	-42	0
Yancey	0	447	453	-6	0
Region D Totals	0	4,918	5,027	-109	
Alexander	0	921	955	-44	0
Burke	0	2,517	2,536	-19	0
Caldwell	0	2,566	2,619	-53	0
Catawba	0	3,896	3,995	-99	0
Region E Totals	0	9,901	10,115	-214	
Anson	0	855	828	27	0
Cabarrus	0	3,997	4,067	-70	0
Gaston	0	6,780	6,667	112	0
Iredell	0	3,251	3,335	-84	0
Lincoln	0	1,558	1,596	-38	0
Mecklenburg	400	14,363	14,315	48	0
Rowan	0	4,013	3,925	88	0
Stanly	0	1,558	1,525	33	0
Union	0	2,812	3,031	-219	0
Region F Totals	400	39,188	39,414	-226	
Alamance	0	2,843	2,873	-30	0
Caswell	0	712	708	5	0
Davidson	0	3,190	3,283	-93	0
Guilford	0	8,919	9,098	-179	0
Montgomery	218	880	670	210	0
Randolph	0	2,741	2,839	-97	0
Rockingham	0	2,495	2,494	1	0
Region G Totals	218	21,780	21,985	-205	
Davie	0	1,130	1,164	-34	0
Forsyth	0	8,970	9,028	-58	0
Stokes	0	1,059	1,069	-10	0
Surry	0	2,653	2,631	22	0
Yadkin	0	980	978	2	0
Region I Totals	0	14,791	14,871	-80	
Chatham	0	1,003	1,018	-15	0
Durham	0	3,655	3,603	62	0
Johnston	0	2,304	2,341	-38	0
Lee	0	867	836	30	0
Moore*	0	2,011	2,000	11	0
Orange	0	1,568	1,565	3	0
Wake*	0	8,957	9,316	-359	0
Region J Totals	0	20,374	20,661	-287	

Table 12C: 2007 Need Projections for Medicare Certified Home Health Agencies or Offices

(For 2006 Plan)

COUNTY	Placeholder Adjustment for Agencies Under Development	TOTALS			Need for New Agencies or Offices
		Adjusted Potential Total Persons Served	Projected Utilization in 2007	Surplus or Deficit (- = Deficit)	
Franklin	0	1,200	1,256	-57	0
Granville	0	872	913	-41	0
Person	0	825	845	-20	0
Vance	0	776	782	-6	0
Warren	0	464	469	-4	0
Region K Totals	0	4,136	4,260	-123	
Edgecombe	0	1,377	1,349	28	0
Halifax	0	1,501	1,487	14	0
Nash	0	1,659	1,701	-33	0
Northampton	0	638	627	10	0
Wilson	0	1,912	1,928	-17	0
Region L Totals	0	7,086	7,103	-7	
Cumberland*	0	5,375	5,468	-93	0
Harnett*	0	2,162	2,222	-60	0
Sampson	0	1,705	1,705	0	0
Region M Totals	0	9,241	9,410	-169	
Bladen	0	1343	1348	-5	0
Hoke*	0	1116	1183	-67	0
Richmond	0	1739	1703	36	0
Robeson	0	5159	5218	-59	0
Scotland	0	1544	1570	-25	0
Region N Totals	0	10,902	11,009	-108	
Brunswick	0	3,026	3,170	-144	0
Columbus	0	3,222	3,053	170	0
New Hanover	0	4,958	4,964	-6	0
Pender	0	1,373	1,391	-17	0
Region O Totals	0	12,580	12,673	-93	
Carteret*	0	1,458	1,498	-40	0
Craven*	0	1,951	1,967	-15	0
Duplin	0	1,442	1,449	-7	0
Greene	0	407	410	-2	0
Jones	0	230	222	8	0
Lenoir	0	1,690	1,643	47	0
Onslow*	0	2,151	2,255	-103	0
Pamlico	400	619	219	401	0
Wayne *	0	2,515	2,518	-3	0
Region P Totals	400	12,464	12,192	273	
Beaufort	0	1,167	1,176	-8	0
Berne	0	525	515	10	0
Hertford	0	674	68*	-7	0
Martin	0	838	815	23	0
Pitt	0	2,486	2,535	-49	0
Region Q Totals	0	5,690	5,736	-46	
Camden	0	115	118	-2	0
Chowan	0	232	217	14	0
Currituck	0	362	372	-9	0
Dare	0	460	472	-12	0
Gates	0	232	221	11	0
Hyde	0	108	97	10	0
Pasquotank	0	641	616	25	0
Perquimans	0	237	229	9	0
Tyrrell	0	85	78	7	0
Washington	0	308	286	23	0
Region R Totals	0	2,781	2,711	70	
NC Totals	1,018	195,394	196,925		0

* Adjustments for "Active Duty Military Personnel" have been applied to the "Age 18-64" population projections for these counties.

** A projected deficit of 400 patients is the threshold of need for a new home health agency or office

Petition

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
Natalia Barabash	1112 Waterfall Tega Cay, SC 29708	803-493-2327	[illegible]
Svetlana Blyakher	2811 Colmar Ln Charlotte, NC 28270	704-321-5490	[illegible]
Julia Chayun	12331 Rock Canyon Dr Charlotte, NC 28226	704 341-5778	J. Chayun
Vasily Chayun	12331 Rock Canyon Dr. Charlotte NC	(704) 649-5701	[illegible]
Olga Syrnichenko	3029 Rugged Stone Way Charlotte	(704) 345-8121	[illegible]
Syrnichenko V.	3029 Rugged Stone Way. Charlotte NC. 28227	(980) 297-1318	Slava.
Alex Eiskind	7700 Sun Valley Charlotte NC 28226	(704) 540-1810	[illegible]
Igor Blyakher	2811 Colmar Ln Charlotte 28270	704-321-5490	[illegible]
Irina Hamrick	8113 High Oaks Ln Charlotte NC 28277	704-541-5187	[illegible]
Andrey Zaitsev	10025 Pollock Springs Ct Matthews NC	(704) 277-5851	[illegible]
Tetyana Zaytseva	10025 Pollock Springs Matthews, NC	(704) 568-0809	[illegible]
Larisa Barringo	1018 Pineborough Rd Charlotte NC 28212-7051	(704) 531-8927	Larisa Barringo
Dmitriy Barringo	1018 Pineborough Rd Charlotte, NC 28212	(704) 531-8927	[illegible]

Petition

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
Dena Ackerman	7300 Pebblestone Dr Charlotte, NC 28212	704 737 6351	Ackerman
IRYNA Yosypiv	1716-3F Charleston Place Ln Charlotte NC 28210	704-535-6066	I. Yosypiv
Stacy Solomin	5618 BEAVER DAM LANE MINT HILL NC 28211	704 968 0884	S. Solomin
Alla Mourad Manning	11511 Dulcette Park Dr. Charl. 28277	(704) 540-7709	Mourad

Petition

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
Gerry Lyrn	4002 Gurdian Angel Charlotte, NC	980-297-1319	Ger Lyrn
Serge Zhurya	8612 Silver Falls Way Charlotte, NC 28227	704 649 2517	
Igor Zhuravlev	8612 Silver Falls Way Charlotte NC 28227	704 281 2237	
Rita Schelinnina	2222 East Providence Dr Charlotte, NC	704 968 4916	Rita S.
Lelia Lyrn	4002 Guardian Angel Charlotte NC	704-904-0044	Lelia Lyrn
Vera Loshkarev	10401 Briarhurst place Mint Hill 28227	(509) 499-3526	V. Lo
Lusy Loshkarev	10401 Briarhurst mint hill	(509) 990-2533	Loshkarev
Vlad Loshkarev	10401 Briarhurst Mint Hill	(704) 421-1111	
Belousov Vladimir	10401 Briarhurst Mint Hill	(509) 990-5083	Belousov
Olga Plugovoy	4515 old Charlotte Hwy Monroe NC 28110	(704) 207-6945	Plugovoy Olga
Oleg Plugovoy	4515 old Charlotte Monroe NC 28110	(704) 207-6303	
Larisa Titov	2600 NW 55 St Charlotte NC	(404) 470-0308	Larisa
Sergey Berkachev	16964 Commons Charlotte NC	(704) 541-9079	

25227

Petition

I agree with Personal Home Care of North Carolina that the Charlotte area known as Health Service Area III, needs a home health agency staffed by persons who speak Russian and who understand Russian culture.

Name	Address	Phone	Signature
Luba Derkachev	16964 Commons Creek Charlotte NC28227	(704) 541-9019	Derkachev
MAX Syrn	4002 Guardian angel Charlotte NC2	(980) 8297-1317	
Tatyana Bak	6408 Burning Bush Charlotte NC	(704) 200-3148	Bak
Alex Bak	6408 Burning Bush Charlotte NC28227	(704) 670-0026	Bak

UNION COUNTY DEPARTMENT OF SOCIAL SERVICES

P.O. BOX 489
MONROE, NORTH CAROLINA 28111

Margaret Hood, Chairman
Walton Johnson, Vice Chairman
Jean Guillen-Atiano
Barbara Liner
Kevin Wimberly

1212 W. Roosevelt Boulevard
Monroe, NC 28110
Telephone (704)296-4300

Roy A. Young, *Director*

AN ACCREDITED AGENCY

February 21, 2006

State Health Coordinating Council
c/o Floyd Cogley
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

Personal Home Care of North Carolina agency plays an important and unusual role in the greater Mecklenburg community area. This agency emerged in response to a unique problem and is providing very responsive services to a large community that is difficult to serve. We have become a center for Russian-speaking immigrants from the republics of the former USSR, Ukraine, Byelorussia, and other countries. The communities began forming in the late 1980's and continue to grow as people settle. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones.

The older people do not speak English, or if they do, their vocabulary is limited. They are legal immigrants; many are citizens. They are entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult for most agencies to serve them. Personal Home Care of NC organized to meet their needs. Today, the Russian-speaking patients constitute approximately 10 percent of our CAP patients. Personal Care is the only agency that does serve them, because their staff speaks Russian and understand this culture. Personal Care is helping us to keep people at home and out of the nursing home. Family members in this community are committed to this vision and assign a person to stay with the older and infirm.

This population has difficulty getting home health agency care because of the language and cultural barriers. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible. Given the size of the population in the CAP agency, I believe they would have enough members to support a home health agency.

Please do not hesitate to call me should you have questions.

Regards

Union County CAP Program
Jen Daniels RN Supervisor CAP/IHS

First Slavic Baptist Church
7600 Plott Rd. Charlotte, NC 28215

February 25, 2006

State Health Coordinating Council

c/o Floyd Cogley

Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

This letter is in support of Personal Home Care of North Carolina, LLC petition to provide home health services. Personal Home Care of North Carolina plays an important and unusual role in and around the counties of Mecklenburg, Union, and Cabarrus. This personal care agency emerged in response to a unique problem and is providing very responsive services to a large community of new Americans that is difficult to serve.

Russian speaking immigrants from the former USSR republics of Russia, Ukraine, Belarus, Armenia, Azerbaijan, and other countries represent a large part of this population. We estimate that about 80,000 of Russian-speaking people are residing in this part of state now, and their numbers are growing. The communities began forming in the late 1980's, when the State of North Carolina started admission of refugees representing ethnic and religious minorities that were persecuted in their countries, grown immensely since collapse of the Soviet Union in 1990's, and continue to grow as people settle and re-unite with their families. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones.

The older people do not speak English, or if they do, their vocabulary is very limited. They are legal immigrants and many are naturalized citizens. These individuals are often sick and disabled and entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult to happen. Family members in this community assign a person to stay with the older and infirm, but lay people cannot provide clinical services, and are not always able to act as clinical interpreters.

Personal Home Care of North Carolina was organized to meet needs of this population and is the only agency that serves them. Personal Home Care of North Carolina staff members are bi-lingual in Russian and/or Ukrainian, have similar background and understand this culture. However, Personal Care of North Carolina is limited by licensure restrictions to the amount of service they can provide.

Elderly and disabled individuals with limited or non-existent English proficiency have difficulty getting home health agency because of the language and cultural barriers. Local agencies do not have Russian-speaking staff; therefore communication issues are paramount and care quality might become compromised. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible.

Our church has been fortunate to have access the limited services Personal Home Care of NC, LLC can provide for our members. Our members need more.

Please do not hesitate to call me should you have questions.

Regards,

Vasiliy Yeremuk
Senior Pastor
Phone: 704 - 568 - 9662

Baptist Church of Salvation

McKee Road Baptist Church
4300 McKee Road
Charlotte, NC 28270

(704) 201-3599
(704) 293-0100
(704) 573-9293
(530) 689-8285 Fax

February 26, 2006

State Health Coordinating Council
c/o Floyd Cogley
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

This letter is in support of Personal Home Care of North Carolina, LLC petition to provide home health services. Personal Home Care of North Carolina plays an important and unusual role in and around the counties of Mecklenburg, Union, and Cabarrus. This personal care agency emerged in response to a unique problem and is providing very responsive services to a large community of new Americans that is difficult to serve.

Russian speaking immigrants from the former USSR republics of Russia, Ukraine, Belarus, Armenia, Azerbaijan, and other countries represent a large part of this population. We estimate that about 80,000 of Russian-speaking people are residing in this part of state now, and their numbers are growing. The communities began forming in the late 1980's, when the State of North Carolina started admission of refugees representing ethnic and religious minorities that were persecuted in their countries, grown immensely since collapse of the Soviet Union in 1990's, and continue to grow as people settle and re-unite with their families. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones. These immigrant communities represent people of multiple faiths and ethnic origins and several churches and congregations of multiple faiths have formed: Baptist, Pentecostal, Charismatic, Christian Orthodox, Armenian Episcopalian, Jewish, and others.

The older people do not speak English, or if they do, their vocabulary is very limited. They are legal immigrants and many are naturalized citizens. These individuals are often sick and disabled and entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult to happen. Family members in this community assign a person to stay with the older and infirm, but lay people cannot provide clinical services, and are not always able to act as clinical interpreters.
Personal Home Care of North Carolina was organized to meet needs of this population and is the only agency that serves them. Personal Home Care of North Carolina staff members are bi-lingual in Russian and/or Ukrainian, have similar background and understand this culture. However, Personal Care of North Carolina is limited by licensure restrictions to the amount of service they can provide.

Elderly and disabled individuals with limited or non-existent English proficiency have difficulty getting home health agency because of the language and cultural barriers. Local agencies do not have Russian-speaking staff; therefore communication issues are paramount and care quality might become compromised. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible.

Our Baptist Church of Salvation has been fortunate to have access the limited services Personal Home Care of NC, LLC can provide for our members. Our members need more.

Please do not hesitate to call me should you have questions.

Regards,

Veaceslav Paskal - Pastor Vyacheslav Paskal

Mail to: Baptist Church of Salvation 5831 Versage Dr. Charlotte, NC 28227
Pastor Veaceslav Paskal – 704-293-0100

PULSE INTERNATIONAL COMMUNITY ASSOCIATION

February 27, 2006

State Health Coordinating Council
c/o Floyd Cogley
Division of Facility Services
2714 Mail Service Center
Raleigh, North Carolina 27699-2714

Dear Committee Members,

This letter is in support of Personal Home Care of North Carolina, LLC petition to provide home health services. Personal Home Care of North Carolina plays an important and unusual role in and around the counties of Mecklenburg, Union, and Cabarrus. This personal care agency emerged in response to a unique problem and is providing very responsive services to a large community of new Americans that is difficult to serve.

Russian speaking immigrants from the former USSR republics of Russia, Ukraine, Belarus, Armenia, Azerbaijan, and other countries represent a large part of this population. We estimate that about 80,000 of Russian-speaking people are residing in this part of state now, and their numbers are growing. The communities began forming in the late 1980's, when the State of North Carolina started admission of refugees representing ethnic and religious minorities that were persecuted in their countries, grown immensely since collapse of the Soviet Union in 1990's, and continue to grow as people settle and re-unite with their families. Entire extended families are appearing in the area. This means that the parents, grandparents and older relatives come along with the younger ones. These immigrant communities represent people of multiple faiths and ethnic origins and several churches and congregations of multiple faiths have formed: Baptist, Pentecostal, Charismatic, Christian Orthodox, Armenian Episcopalian, Jewish, and others.

The older people do not speak English, or if they do, their vocabulary is very limited. They are legal immigrants and many are naturalized citizens. These individuals are often sick and disabled and entitled to Medicare and Medicaid services, but the language and cultural barriers make it difficult to happen. Family members in this community assign a person to stay with the older and infirm, but lay people cannot provide clinical services, and are not always able to act as clinical interpreters.
Personal Home Care of North Carolina was organized to meet needs of this population and. is the only agency that serves them. Personal Home Care of North Carolina staff members are bi-lingual in Russian and/or Ukrainian, have similar background and understand this culture. However, Personal Care of North Carolina is limited by licensure restrictions to the amount of service they can provide.

Elderly and disabled individuals with limited or non-existent English proficiency have difficulty getting home health agency because of the language and cultural barriers. Local agencies do not have Russian-speaking staff; therefore communication issues are paramount and care quality might become compromised. I believe that a policy permitting the state to add a home health agency to serve a cultural group this large makes sense and would be in the interest of making heath care accessible.

Our Pulse International Community Association has been fortunate to have access the limited services Personal Home Care of NC, LLC can provide for our members. Our members need more.

Please do not hesitate to call me should you have questions.

Regards,

V. Nafatyuk

Victor Nafatyuk
President

704- 622-4488

Russian Churches in Charlotte, NC

First Slavic Baptist Church
7600 Plott Road
Charlotte, NC 28262

Slavic Baptist Church
13601 Idlewild Road
Matthews, NC 28105

Baptist Church of Salvation
4300 McKee Rd.
Charlotte 28270

Gospel Light
7835 Matthews-Mint Hill Road
Charlotte, N.C. 28212

Russian Pentecostal Church
6740 Albemarle Rd.
Charlotte, NC 28229

Spiritual Revival Center
116 N. Ames Street
Matthews 28105

Russian Orthodox Church of the Reigning Mother of God
1001 Queens Road
Charlotte, NC 28207

Churches with large attendance of Russians

St. Sarkis Armenian Apostolic Church
7000 Park Road
Charlotte, NC 28210

Temple Beth El
5101 Providence Road
Charlotte, NC 28226

Temple Israel
4901 Providence Road
Charlotte, NC 28226

State Health Coordinating Council Public Hearing Comments

Personal Home Care of North Carolina –

Home Health Agency Mecklenburg

Raleigh, August 1, 2006

Good afternoon and thank you. My name is Ivans Belovs. I am a co-owner of Personal Home Care of North Carolina, a licensed North Carolina home care agency located in Charlotte, North Carolina. We provide several home care services including personal care services for Medicaid beneficiaries and we have a contract with the Mecklenburg and Union County Community Alternatives Programs. We have prepared a formal petition, which I will submit before the end of the week.

We are asking for a regional adjustment to the home health agency need in the Proposed 2007 State Medical Facilities Plan, to permit development of a home health agency whose purpose is to serve the large Russian speaking community in the Mecklenburg area, primarily Mecklenburg, Union, and Cabarrus counties.

When I arrived here from Latvia in North Carolina in 1997, I was not intending to become involved in home care. However, I soon became aware that many people, who are now American citizens, were not able to get care that they needed.

- Immigration and settlement in Charlotte – 35,000 is a low estimate.
- When Soviet Union collapsed, North Carolina and Mecklenburg County in particular had a welcoming climate – HIAS, Baptist Churches had mission relationships.

- Now, we are getting second wave of resettlement, as Russian speaking from Byelorussia, former Soviet Union, Ukraine, and others come to join families. They come 20 to 30 at a time, because the Russian culture is a family culture.
- Now we have churches, a website – russianincharlotte.com, small businesses, Russia North Carolina cultural events, and grocery stores. Banks and courts now recognize Russian language interpretation needs.
- Medical care is highly personal and difficult to communicate even in English.
- The older people do not speak English – Russian and English are very different cultural language structures.
- I started newspaper and becoming active in community – Panorama – 10,000 circulation.
- Saw need for home care services because of father in law – Russian speaking – so is his wife – could not get care for them.
- Opened PHC of NC in 2003 – worked through the translations for all of the manuals.
- Get calls in middle of night for help with home health services: communication problems, inadequate interpretation, and lower quality of service.
- Cannot stay in their homes if they cannot get care.
- Our costs are about one third of the cost to keep these people in nursing homes.

- Size of Russian community measured by churches and businesses and estimates – no formal census count.
- Legal residents, tax payers not getting any benefit from their taxes.

The purpose of the Community Alternatives Program for Disabled Adults (CAP agencies) is to keep people out of institutions – nursing homes – as long as possible. We are doing that and have been fortunate to hire many highly skilled people who speak primarily Russian. CAP pays for in-home aides and supervision, but not for nursing visits.

Now we are providing nursing visits – but we do not get paid. We cannot offer in-home nursing care without a Medicare home health agency license. This requires a Certificate of Need. In both Mecklenburg and Union Counties, the CAP agencies have suggested that we should expand our services and become a home health agency. But we found that the 2006 and Proposed 2007 State Medical Facilities Plan has no need, so we cannot apply.

Both Union and Mecklenburg CAP agencies understand how big the problem has become. Both have given us letters encouraging addition of an agency to address the special needs of Russian speaking people. We have letters from both of them. Today, we are asking you for a change in the Plan to give us an opportunity to apply for a home health agency so that we can give these people the services they need. We are willing to work with you through this process and

realize that you are may be skeptical of the need. We are prepared to show you and encourage you to contact Sue McCraw in the Mecklenburg CAP office.

We will send you a DVD showing some of the people who we serve and their personal request that you respond now to our requests.

Earlier this spring, the committee recommended that we purchase an existing home health agency. We tried, there are none for sale. We are still trying to work out something with existing agencies, but we have not yet found anything satisfactory. An approved agency is holding 400 slots in the Plan for this region – for two years. It is not opened: even with this – the region shows an unmet need of 288 patients – enough to support a home care agency. We cannot afford to continue to provide free services to people who have these needs. They deserve to be served. I have a petition signed by hundreds of people who could not be here today. They want you to act for us and them.

Comments at the State Health Coordinating Council Public Hearing
August 1, 2006

Barbara D. Matula

I am here, purely on a voluntary basis, in support of the petition of Personal Home Care of North Carolina which would allow this agency to serve the unique needs of a rapidly growing Russian-speaking population in the greater Charlotte area.

I served on the State Health Coordinating Council as an at-large member for several years, and I know how difficult it is to make decisions that may seem to fall "outside the box," even though such decisions could have a major impact upon the quality of life for many disabled and elderly persons. I also served as the State's Medicaid Director for 17 years when the CAP-DA and Personal Care services were initially implemented, and I believe we are still guided in our decisions by the same goals: to contain cost by delaying or preventing institutionalization, to provide quality care, and to assure access to care to our most vulnerable citizens.

What is different today is that North Carolina's aging population is rapidly growing in numbers – numbers that are not necessarily up-to-date because of the large in-migration of retirees from other states. To tightly restrict the availability of Home Health services in the face of this growing elderly population does not make fiscal sense.

The other major difference is that North Carolina's population is rapidly growing in diversity – and the data related to Mecklenburg/Union Counties' Russian-speaking population supports this, even though these data are also likely understated. What makes the elderly Russian population's needs so unique? The answer, obviously, is both their sheer numbers and their inability to communicate in English. And as an "elderly person" who has been studying Russian for the past twelve years, and who has visited Russia, staying often with Russian families, I can tell you that the differences between English and Russian are huge, often subtle, and almost insurmountable. The differences are not just in language. They extend deeper, including cultural norms. It is easier to learn Medicaid rules than it is to learn Russian.

Personal Home Care of North Carolina seeks approval to offer Russian-speaking patients services delivered by Russian-speaking caregivers. Imagine yourself perhaps bed-ridden, dependent on others for your most personal needs, and then imagine not being able to communicate those needs, fears, discomforts, and other concerns. This is what now occurs daily in Mecklenburg and Union Counties with a growing population of elderly Russian-speaking patients. And English-speaking providers must feel a similar frustration in their inability to communicate with these patients.

Approving this petition will not take business away from other providers, but will instead make needed services language-accessible to this vulnerable, underserved group. I sincerely urge you to support it.